

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) GARY EIDSON
Name

(2) 4650 PINE LEVEL WAY, FORT MYERS, FL 33905
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 189

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): LEE MEMORIAL HEALTH SYSTEM-4

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/9/2010 To 10/28/2010 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>351.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>351.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 6,068.54

(10) TOTAL Monetary Expenditures To Date
\$ 6,381.89

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name GARY EIDSON (2) I.D. Number 189

10/9/2010 through 10/28/2010

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name GARY EIDSON

(2) I.D. Number 189

(3) Cover Period 10/9/2010 through 10/28/2010

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/25/2010 / /	TELMARK, PO Box 111 Lehigh Acres, FL	adv	MO	Add	\$351.00
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