

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

(1) DIANE CHAMPION

Name

(2) 403 HARRY AVE N, LEHIGH ACRES, FL 33971

Address (number and street)

City, State, Zip Code

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 7/17/2010 To 7/30/2010 / Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 60.84

Transfers to Office Account \$ 0.00

Total Monetary \$ 60.84

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ 76.29

(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.

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(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DIANE CHAMPION (2) I.D. Number 199

7/17/2010 through 7/30/2010

(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 DIANE CHAMPION

(2) I.D. Number 199

(3) Cover Period 7/17/2010 through 7/30/2010

(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 | | | | | |
| 7/24/2010 // | Postcard Wiz, | advertism postcard ents | DI | | \$60.84 |
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