

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

(1) RICHARD AKIN

**Name**

(2) 1220 WESTFIELD DR, FORT MYERS, FL 33919

**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-2

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 9/11/2010 To 9/24/2010 / Report Type G2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$ 100.00

Loans                      \$ 0.00

Total Monetary      \$ 100.00

In-Kind                      \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$ 0.00

Transfers to Office Account      \$ 0.00

Total Monetary      \$ 0.00

(8) Other Distributions      \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 100.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 0.00

**(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.

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

(Type name)

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

**X**

Signature

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** RICHARD AKIN **(2) I.D. Number** 204  
**(3) Cover Period** 9/11/2010 through 9/24/2010 **(4) Page** 1 of 1

(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
9/21/2010 / /	Akin, Richard B 1220 Westfield Dr. Ft. Myers, Fl 33919	I	healthcare administrator	CH			\$100.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RICHARD AKIN

(2) I.D. Number 204

(3) Cover Period 9/11/2010 through 9/24/2010

(4) Page 1 of 0

(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					
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