

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

(1) BILL SILVERMAN
Name

(2) 8916 FAWN RIDGE DR, FORT MYERS, FL 33912
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-5

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 4/1/2010 To 7/16/2010 Report Type F1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>1,000.00</u>
Total Monetary	\$	<u>1,000.00</u>
In-Kind	\$	<u>25.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>-25.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-25.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date
\$ 486.72

(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 BILL SILVERMAN **(2) I.D. Number** 245
(3) Cover Period 4/1/2010 through 7/16/2010 **(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
6/11/2010 / /	SILVERMAN, BILL 8916 FAWN RIDGE DR FORT MYERS, FL 33912	I	candidate	IK	candidate filing fee from personal funds	Add	\$25.00
1							
6/30/2010 / /	SILVERMAN, BILL 8916 FAWN RIDGE DR FORT MYERS, FL 33912	I	candidate	LO		Add	\$500.00
2							
7/12/2010 / /	SILVERMAN, BILL 8916 FAWN RIDGE DR FORT MYERS, FL 33912	I	candidate	LO		Add	\$500.00
3							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BILL SILVERMAN

(2) I.D. Number 245

(3) Cover Period 4/1/2010 through 7/16/2010

(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					
6/11/2010 / /	Supervisor of Elections, PO Box2545 Fort Myers, Fl 33902-2545	filing fee	MO	Delete	\$25.00
1					
6/11/2010 / /	Supervisor of Elections, PO Box2545 Fort Myers, Fl 33902-2545	filing fee	MO	Add	\$0.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
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