FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) BILL SILVERMAN	OFFICE USE ONLY 245							
Name								
(2) 8916 FAWN RIDGE DR, FORT MYERS, FL 3391: Address (number and street)	2							
Address (number and street)								
City, State, Zip Code								
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es): X Candidate (office sought): LEE MEMORIAL H	EALTH 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	10/28/2010 Report Type G4							
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 315.00							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 315.00							
In-Kind \$	313.00							
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$2,000.00	\$1,938.13_							
(11) CERTIFICATION								
It is a first degree misdemeanor for any pers	on 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)	(Type name)							
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	BILL SILVERMAN			Z) I.D. Numbe	er2	245
	10/9/2010 10/28/2010					
(3) Cover Perio	od///	through	//	(4) Pag	je ¹	of 0
(c) Cover rem	· · · · · · · · · · · · · · · · · · ·				,	
(E)	(7)	(0)	(0)	(40)	(4.4)	(40)
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation	on Type	Description	Amendment	Amount
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1 1	-					
1 1						
100 200						
1 1						
1 1						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name_B	BILL	SILVERMA	AN				(2) I.D. Num	nber	2	245	901
		10/9/2	2010		10/28/2	2010					
(3) Cover Pe	eriod		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/11/2010	Sun, Island 1640 Periwinkle Way, Ste 2 Sanibel, Fl 33957	ad	МО		\$165.00
10/11/2010	The UPS Store, 13650 Fiddlesticks Blvd.Suite 202 Ft. Myers, Fl 33912	printing	МО		\$150.00
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