

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

(1) STEVEN BARBOSA

**Name**

(2) 15851 DORTH CIR, FORT MYERS, FL 33908

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

Candidate (office sought): IONA-MCGREGOR FIRE-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 9/11/2010 To 9/24/2010 / Report Type G2

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      \$      0.00

Transfers to Office Account      \$      0.00

Total Monetary      \$      0.00

(8) Other Distributions      \$      0.00

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

\$      1,895.00

**(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)

(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** STEVEN BARBOSA **(2) I.D. Number** 250  
 9/11/2010 through 9/24/2010  
**(3) Cover Period**  / / through  / / **(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				
9/14/2010 / /	bouchard, luke,emily 10137 n. golden elm dr. estero, fl 33928	I		CH		Delete	\$75.00
1							
9/14/2010 / /	bouchard, luke 10137 n. golden elm dr. estero, fl 33928	I		CH		Add	\$75.00
2							
9/14/2010 / /	adkins, cynthia,daniel 7834 cameron cir. fort myers, fl 33912	I		CH		Delete	\$75.00
3							
9/14/2010 / /	adkins, daniel 7834 cameron cir. fort myers, fl 33912	I		CH		Add	\$75.00
4							
9/14/2010 / /	moore, robert,lori 3449 norwick st. port charlotte, fl 33952	I		CH		Delete	\$75.00
5							
9/14/2010 / /	moore, lori 3449 norwick st. port charlotte, fl 33952	I		CH		Add	\$75.00
6							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name STEVEN BARBOSA

(2) I.D. Number 250

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					