

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

(1) BOB 'SMITTY' SMITH

**Name**

(2) 16201 CROWN ARBOR WAY, 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): LEE MEMORIAL HEALTH SYSTEM-3

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 4/1/2012 / 7/6/2012 / To 7/6/2012 /        / Report Type F1

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      \$ \_\_\_\_\_ 35.00

Transfers to Office Account      \$ \_\_\_\_\_ 0.00

Total Monetary                \$ \_\_\_\_\_ 35.00

(8) Other Distributions  
\$ \_\_\_\_\_ 0.00

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

\$ \_\_\_\_\_ 3,910.00

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

\$ \_\_\_\_\_ 1,305.44

**(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 BOB 'SMITTY' SMITH (2) I.D. Number 433

4/1/2012 through 7/6/2012

(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 BOB 'SMITTY' SMITH

(2) I.D. Number 433

(3) Cover Period 4/1/2012 through 7/6/2012

(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					
6/29/2012 / /	Leepa.org, 2480 Thompson Street 4th Floor Fort Myers , FL 33901	data research	MO	Delete	\$0.00
1					
6/29/2012 / /	Leepa.org, 2480 Thompson Street 4th Floor Fort Myers , FL 33901	data research	MO	Add	\$35.00
2					
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