

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

<p>(1) <u>WILLIAM L GLOVER</u> Name</p> <p>(2) <u>, ,</u> Address (number and street)</p> <p><u></u> City, State, Zip Code</p>	<p><b>OFFICE USE ONLY</b> 617</p>
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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 9/29/2012 To 10/12/2012 Report Type G3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$ <u>1,332.62</u>
Transfers to Office Account	\$ <u>0.00</u>
Total Monetary	\$ <u>1,332.62</u>

**(8) Other Distributions**

\$ 0.00

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

\$ 1,050.00

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

\$ 1,543.62

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name WILLIAM L. GLOVER (2) I.D. Number 617

9/29/2012 through 10/12/2012

(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 WILLIAM L GLOVER

(2) I.D. Number 617

(3) Cover Period 9/29/2012 through 10/12/2012

(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					
10/1/2012 //	Custom Car Tag and Tees, 4125 Cleveland Ave Ft. Myers, Fl 33901	campaign -shirts	MO		\$230.55
1					
10/3/2012 //	JoAnn's Fabric, 15201 N Cleveland Ave ste 400 Fort Myers, Fl 33903	campaign fabric for table cloth	MO		\$64.94
2					
10/5/2012 //	Artype Inc, 3530 Work Drive Fort Myers, Fl 33916	large campaign road signs	MO		\$722.13
3					
10/9/2012 //	Davis, Carolyn 4121 SW 9th Place Cape Coral, Fl 33914	small campaign street signs	MO		\$315.00
4					
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