FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) FRANK ANTOS JR	OFFICE USE ONLY 691							
Name	200							
(2) 1271 S E 8TH ST #101, CAPE CORAL, FL 339	990							
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-1							
☐ 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 11/1/2012							
Cover Period: From / To	11/1/2012 / Report Type G4							
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$100.00	Monetary Expenditures \$ 96.31							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$ 100.00	Total Monetary \$ 96.31							
In-Kind \$	substitution described (theoretical theoretical theore							
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$650.00_	\$579.11_							
(11) CERT	IFICATION							
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	FRANK ANTOS JR				2) I.D. Numbe	er6	91
	10/13/2012			1/1/2012		_	_
(3) Cover Peri	od / /	thro	ough	<i>I I</i>	(4) Pag	je	of
		т					
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	N
Number	City, State, Zip Code matthens, tony	Type	Occupation	Type CH	Description	Amendment	Amount \$100.00
10/22/2012	2806 sw 7th pl	_		CII			Q100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	FRANK	ANTOS	JR				 (2) I.D. Num	nber	6	591	an an
		10/13	/2012		11/1/20	012					
(3) Cover Po	eriod	I	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
10/22/2012	haas, april cape coral, fl 33909	tyoe setting	МО		\$20.00
1					
10/22/2012	depot, office cape coral, fl 33909	business cards	МО		\$76.31
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DS-DE 14 (Rev					