

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) TOM PRESBREY

Name

(2) 5828 RIVERSIDE LN, FORT MYERS, FL 33919

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1035

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-2

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 9/13/2014 / / To 9/26/2014 / / Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 00

Loans \$, , . 00

Total Monetary \$, , . 00

In-Kind \$, , . 00

(7) Expenditures This Report

Monetary Expenditures \$, , . 50

Transfers to Office Account \$, , . 00

Total Monetary \$, , . 50

(8) Other Distributions \$, , . 00

(9) TOTAL Monetary Contributions To Date

\$, , . 24,250.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 4,440.49

(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:

(Type name) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TOM PRESBREY (2) I.D. Number 1035

(3) Cover Period 9/13/2014 / / through 9/26/2014 / / (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 TOM PRESBREY

(2) I.D. Number 1035

(3) Cover Period 9/13/2014 through 9/26/2014

(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					
9/16/2014 //	Horizon Council, 2201 Second St Suite 500 Fort Myers, Fl 33901	luncheon	MON	Add	\$50.00
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