

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

10/11/2014 (5) Report Identifiers 10/17/2014

Cover Period: From ___ / ___ / ___ To ___ / ___ / ___ Report Type: G6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 350.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 350.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 2,499.76

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 2,499.76

(8) Other Distributions 0.00
\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 29,400.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 26,105.04

(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 10/11/2014 through 10/17/2014 (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
10/16/2014 / /	Brust, Douglas 2654 1st St. Matlacha, Fl 33993	I	physician	CHE			\$250.00
1							
10/16/2014 / /	Goss, Chauncey P.O. Box 1139 Sanibel, Fl 33957	I		CHE			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TOM PRESBREY

(2) I.D. Number 1035

(3) Cover Period 10/11/2014 through 10/17/2014

(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					
10/14/2014 / /	Presbrey, Tom 5828 Riverside Ln. Fort Myers, Fl 33919	reimburse candidate for meet & greet expenses.	MON		\$896.76
1					
10/14/2014 / /	ADO Florida, 1520 N. Tamiami Trail North Fort Myers, Fl 33903	digital billboards for campaign	MON		\$1,272.00
2					
10/14/2014 / /	ARTYPE, Inc, 3530 Work Drive Fort Myers, Fl 33916	installat ion of campaign signs	MON		\$331.00
3					
/ /					
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