

# 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 10/18/2014 /     /     To 10/30/2014 /     /     Report Type: G7

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$     ,     , 400.00

Loans      \$     ,     , 0.00

Total Monetary      \$     ,     , 400.00

In-Kind      \$     ,     , 0.00

**(7) Expenditures This Report**

Monetary Expenditures      \$     ,     , 3,140.00

Transfers to Office Account      \$     ,     , 0.00

Total Monetary      \$     ,     , 3,140.00

(8) Other Distributions      \$     ,     , 0.00

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

\$     ,     , 29,800.00

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

\$     ,     , 29,245.04

**(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 10/18/2014 through 10/30/2014 (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
(6) Sequence Number							
10/23/2014 / /	Anthony, Gaile H 11990 Adonica Way Fort Myers, Fl 33912	I		CHE			\$50.00
1							
10/28/2014 / /	Ear, Nose, & Throat Specialist, 39 Barkley Cir. Fort Myers, Fl 33907	B	medical practice	CHE			\$200.00
2							
10/28/2014 / /	Walker Jr., Duard 12886 Kedleston Cir Fort Myers, Fl 33912	I		CHE			\$50.00
3							
10/28/2014 / /	Daitch, Bobbie 8255 College Parkway Suite 200 Fort Myers, Fl 33919	I		CAS			\$50.00
4							
10/28/2014 / /	Daitch, Jonathan 8255 College Parkway Suite 200 Fort Myers, Fl 33919	I		CAS			\$50.00
5							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name TOM PRESBREY

(2) I.D. Number 1035

(3) Cover Period 10/18/2014 through 10/30/2014

(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					
10/27/2014 / /	Elly Hagen Marketing, 5077 Northampton Drive Fort Myers, Fl 33919	consultat campaign ion, calling cards, flyers,	MON		\$3,140.00
1					
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