

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) DAVID H TURKEL

Name

(2) 17651 CYPRESS CREEK, ALVA, FL 33920

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1065

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-4

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 8/22/2014 /     /     To 8/29/2014 /     /     Report Type: G1

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$     ,     , 3,825.00

Loans      \$     ,     , 0.00

Total Monetary      \$     ,     , 3,825.00

In-Kind      \$     ,     , 500.00

**(7) Expenditures This Report**

Monetary Expenditures      \$     ,     , 0.00

Transfers to Office Account      \$     ,     , 0.00

Total Monetary      \$     ,     , 0.00

(8) Other Distributions      \$     ,     , 0.00

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

\$     ,     , 26,025.00

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

\$     ,     , 791.85

**(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 DAVID H TURKEL (2) I.D. Number 1065

(3) Cover Period 8/22/2014 /        /        through 8/29/2014 /        /        (4) Page 1 of 2

(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						
8/27/2014 / /	Rubenstein, Betty 13301 Ponderosa Way Fort Myers, FL 33907	SI housewife	CHE			\$300.00
1						
8/27/2014 / /	Rubenstein, Betty 13301 Ponderosa Way Fort Myers, FL 33907	SI housewife	INK	food items for campaign fundraiser		\$200.00
2						
8/26/2014 / /	805 Del Prado Building, LLP, 3660 Broadway Fort Myers, FL 33901	B real estate investmen t<b	INK	friendly faces - catering staff for campaign fundraiser		\$300.00
3						
8/27/2014 / /	Fransway, Anthony 12476 Riverside Drive Fort Myers, FL 33919	FI physician	CHE			\$300.00
4						
8/27/2014 / /	Zucker, Ira A 12271 Shoreview Drive Matlacha, FL 33993	I physician	CHE			\$250.00
5						
8/27/2014 / /	Neale, Jeffrey 1355 Almeria Avenue Fort Myers, FL 33901	I physician	CHE			\$100.00
6						
8/27/2014 / /	Kagan, John C 6981 Lake Devonwood Drive Fort Myers, FL 33908	I physician	CHE			\$500.00
7						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID H TURKEL (2) I.D. Number 1065

(3) Cover Period 8/22/2014 /      /      through 8/29/2014 /      /      (4) Page 2 of 2

(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						
8/27/2014 / /	Kagan, Elizabeth P 6981 Lake Devonwood Drive Fort Myers, FL 33908	I attorney	CHE			\$500.00
8						
8/27/2014 / /	Miksa, John W 2071 SE 28th Street Cape Coral, FL 33904	I distributor	CHE			\$500.00
9						
8/27/2014 / /	Myers, Brent M 6563 Daniel Court Fort Myers, FL 33908	I physician	CHE			\$300.00
10						
8/27/2014 / /	Pacheco, Jose C 10704 Mirasol Drive Apt 802 Miromar Lakes, FL 33913	I physician	CHE			\$500.00
11						
8/27/2014 / /	Ravipati, Nagesh 18881 Knoll Landing Drive Fort Myers, FL 33908	I physician	CHE			\$75.00
12						
8/28/2014 / /	Advanced Pain Management, P O Box 07400 Fort Myers, FL 33919	B medical	CHE			\$500.00
13						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID H TURKEL

(2) I.D. Number 1065

8/22/2014                      8/29/2014

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
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