

## 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 9/27/2014 /     /     To 10/3/2014 /     /     Report Type: G4

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$     ,     , 300.00

Loans      \$     ,     , 0.00

Total Monetary      \$     ,     , 300.00

In-Kind      \$     ,     , 0.00

**(7) Expenditures This Report**

Monetary Expenditures      \$     ,     , 3,000.00

Transfers to Office Account      \$     ,     , 0.00

Total Monetary      \$     ,     , 3,000.00

(8) Other Distributions      \$     ,     , 0.00

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

\$     ,     , 30,225.00

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

\$     ,     , 28,460.22

**(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 9/27/2014 /      /      through 10/3/2014 /      /      (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
9/29/2014 / /	Laishley, Bruce 12604 Panasoffkee Drive North Fort Myers, FL 33903	I	restauran teur	CHE			\$250.00
1							
10/2/2014 / /	Erickson, Jennifer 2859 Via Campania Street Fort Myers, FL 33905	I		CAS			\$50.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DAVID H TURKEL

(2) I.D. Number 1065

9/27/2014 through 10/3/2014

(3) Cover Period      /      /      through      /      /     

(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					
10/2/2014 / /	National Media Services, Inc, 5091 Lexington Boulevard Fort Myers, FL 33919	radio broadcast time	MON		\$3,000.00
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