

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID H KLEIN
 Name
 (2) 4731 BONITA BAY BLVD.; UNIT #1203
 Address (number and street)
BONITA SPRINGS, FL 34134
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1234594]
 Submitted on:
 10/14/2020 11:40:07 (eastern)

Check here if address has changed

(3) ID Number: 1584

(4) Check appropriate box(es):

- Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-3
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 3 / 2020 To 10 / 9 / 2020 Report Type: 20G5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 10 , 227 . 89

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 10 , 227 . 89

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 68 , 830 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 62 , 394 . 96

(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 KLEIN (2) I.D. Number 1584

10/3/2020 through 10/9/2020

(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) 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 DAVID H KLEIN

(2) I.D. Number 1584

(3) Cover Period 10/3/2020 through 10/9/2020

(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					
10/5/2020 / /	Priority Marketing of SWFL, 12140 Carissa Commerce Ct Ste 201 Fort Myers, FL 33966	marketing	MO		\$6,704.89
1					
10/9/2020 / /	Priority Marketing of SWFL, 12140 Carissa Commerce Ct Ste 201 Fort Myers, FL 33966	marketing	MO		\$2,025.00
2					
10/9/2020 / /	Priority Marketing of SWFL, 12140 Carissa Commerce Ct Ste 201 Fort Myers, FL 33966	marketing	MO		\$1,498.00
3					
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