	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	DAVID H KLEIN	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	4731 BONITA BAY BLVD.; UNIT #1203	Submitted on:								
	Address (number and street) BONITA SPRINGS, FL 34134	10/30/2020 08:18:31 (eastern)								
	City, State, Zip Code									
	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) ☐ 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								
Cove	er Period: From 10 / 17 / 2020 To									
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, 2 , _00000	Monetary								
Loar	s , <u>25</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, <u>27</u> , <u>000</u> . <u>00</u>	Total Monetary \$, 3 ,159 . 01								
In-Ki	ind \$,,,000									
		(8) Other Distributions \$, , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(T)	(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 Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
Si	gnature	X Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				1584					
	10/17/2	1020		10/29	9/2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of ¹	-

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/23/2020	Hanson, Eric R 265 Cordova Rd West Palm Beach, FL 33401	Í	retired chairman thm	СН	·		\$1,000.0
10/26/2020	Gottlieb, Ira 36 E 36th St Apt 10G New York, NY 10016	I	healthcare exec	e CH			\$1,000.0
10/27/2020	Klein, David H 4731 Bonita Bay Blvd Unit 1203 Bonita Springs , FL 34134	S	healthcare consultant				\$25,000.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVII	H KLEI	N				(2) I.D. Nun	nber	-	1584	
	10/17	/2020		10/29/	2020	~ ~ ~	-			
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/19/2020	Priority Marketing of SWFL, 12140 Carissa Commerce Ct Ste 201 Fort Myers, FL 33966	marketing	MO		\$82.81
10/29/2020	Priority Marketing of SWFL, 12140 Carissa Commerce Ct Ste 201 Fort Myers, FL 33966	marketing	МО		\$2,976.20
10/26/2020	NFM Chamber of Commerce, PO Box 3739 Fort Myers, FL 33918	membership	МО		\$100.00
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