

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) CITIZENS TO IMPROVE MUNROE HOSPITAL WITH A NEW TENANT, NOT NEW TAXES  
**Name**  
 (2) 2769 NE 32NE PL  
**Address (number and street)**  
OCALA, FL 34479  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1052359]  
 Submitted on:  
 2/1/2013 15:57:10 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 208

(4) **Check appropriate box(es):**  
 Candidate (office sought): \_\_\_\_\_  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  
 Electioneering Communication  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/10/2012 To 11/1/2012 / Report Type G4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>1,063.25</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>1,063.25</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,350.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,350.00

**(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** CITIZENS TO IMPROVE MUNROE HOSPITAL WITH A NEW TENANT, NOT NEW TAXES **(2) I.D. Number** 208

8/10/2012 through 11/1/2012

**(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 CITIZENS TO IMPROVE MUNROE HOSPITAL WITH A NEW TENANT, NOT NEW TAXES208 (2) I.D. Number \_\_\_\_\_  
 8/10/2012 11/1/2012  
 (3) Cover Period 8/10/2012 through 11/1/2012 (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
11/2/2012 / /	Lamar Companies, 2065 NW 57 Street Ocala, FL 34475	billboards	MO	Add	\$1,025.00
1					
11/2/2012 / /	Gateway Bank, 1632 E Silver Springs Blvd Ocala, FL 34470	bank fees	MO	Add	\$38.25
2					
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