

pm 9-20-02 :

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

# CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)

Modified For Lee County Only (09-2001)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) PHIL MCCORKLE Candidate, Committee or Political Party Name (2) 634 489-4829 Daytime Telephone Number

(3) 12860 S. CLEVE LAND AVE. FT. MYERS . FL 33901  
Address (Number and Street) City Zip C&e

☐ **NOTE:** Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

☒ Candidate (office sought and district or seat #) MOSQUITO CONTROL BOARD DISTRICT 6

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Check if PC has DISBANDED

☐ Check if CCE has DISBANDED

(5) **REPORT IDENTIFIERS** (see reporting calendar or report reminder notice)

Reporting Period Covered: From 1 9 1 6 02 TO 9 1 13 1 02 Report Type: G1

☐ Original Report ☐ Amended Report ☐ Special Election Report ☐ Independent Expenditure Report

(6) **CONTRIBUTION FOR THIS REPORTING PERIOD**

Cash and Checks 8 -0-

Loans by Candidate \$ -0-

TOTAL Monetary for Reporting Period \$ -0-

In-kind Contributions

(\$ -0-)

For this reporting period only.

DO NOT add In-kind with monetary AND only list the amount for this reporting period.

(7) **EXPENDITURES FOR THIS REPORTING PERIOD**

Monetary Expenditures \$ 6.00

Transfers to Office Account \$ -0-

TOTAL Monetary Expenditures for Reporting Period \$ 6.00

(8) **Other Distributions (DOES NOT APPLY TO CANDIDATES)**

(\$ )

For this reporting period only.

DO NOT add to expenditures AND only list the amount for this reporting period. (see instructions)

(9) **TOTAL Monetary Contributions TO DATE:**

\$ 200.00

Include amount in (9) from last report on this line.

(10) **TOTAL Monetary Expenditures TO DATE:**

\$ 150.00

Include amount in (10) from last report on this line.

## (11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, FS)

I certify that I have examined this report and it is true, correct and complete

☒ Treasurer or ☐ Deputy Treasurer

I certify that I have examined this report and it is true, correct and complete

☒ Candidate or ☐ Chairman (PC/PTY only)

X Bridget N. McCorkle  
Signature of Treasurer or Deputy Treasurer

X [Signature]  
Signature of Candidate or PC/PTY Chairman

DSDE 12 (02/97)

AN IMPORTANT NOTE TO CANDIDATES, PC'S AND PTY'S  
THIS FORM MUST BE SIGNED ON EACH SIDE BY THE APPROPRIATE INDIVIDUAL

**CAMPAIGN TREASURER'S REPORT (ITEMIZED EXPENDITURES)**

(1) PHIL McCORKLE  
Name

(2) (239) 489-4829  
Daytime Telephone Number

(3) Reporting Period Covered: 026 TO 9 / 13 / 02

(4) Page 1 of 1

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[illegible]

McCORKLE  
15636 LIGHTBLUE CIRCLE  
FT. MYERS, FL 33908



*Supervisor of Elections*  
*P. O. Box 2545*  
*Ft. Myers, FL 33902-2545*

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