

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

(1) ROBERT HADLEY
Name

(2) 2615 GUYANA ST
Address (number and street)
FORT MYERS, FL 33916
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): City Council
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 2 / 2 / 07 To 4 / 9 / 07 Report Type TR

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0 , 0 , 0 . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ 0 , 0 , 0 . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 183.06 , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 2,880⁰⁰ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 2,880⁰⁰ , _____ . _____

(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) BETSY ROSS

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Betsy Ross
Signature

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

(Type name) ROBERT HADLEY

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

* Robert Hadley
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ROBERT HADLEY (2) I.D. Number _____

(3) Cover Period 2 / 2 / 07 through 4 / 9 / 07 (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
(6) Sequence Number		Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROBERT HADLEY (2) I.D. Number _____

(3) Cover Period 2 / 2 / 07 through 4 / 9 / 07 (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
1 / 5 / 07 1	Middlebrooks Fort Myers, FL	NAME TAGS	check ch # 1007		110.00
4 / 9 / 07 2	ROBERT HADLEY 2615 GUNN ST Fort Myers, FL 33916	LOAN PAY BACK	CASH		73.06
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