

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

OFFICE USE ONLY

(1) Name NICHOLAS F SACCA  
 (2) Address BRITTANY APARTMENTS  
4000 WINKLER AVE EXT # 105  
FORT MYERS FL 33916  
 City, State, Zip Code

(3) ID Number: \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): City of Fort Myers Councilman - Ward 6  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 11 / 22 / 2006 To 12 / 29 / 2006 Report Type F1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	_____	,	_____	,	20	.	00
Loans (*)	\$	_____	,	_____	,	540	.	00
Total Monetary	\$	_____	,	_____	,	560	.	00
In-Kind	\$	_____	,	_____	,	_____	.	0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	_____	,	_____	,	559	.	70
Transfers to Office Account	\$	_____	,	_____	,	_____	.	0
Total Monetary	\$	_____	,	_____	,	559	.	70

(8) Other Distributions  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 560 . 00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 559 . 70

(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.

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(Type name) Nicholas F. Sacca

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Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

X Nicholas F. Sacca  
 Signature

X Nicholas F. Sacca  
 Signature