## FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) \_\_\_\_ F.R.E.E. Alachua County\_\_\_\_ **(2)** Candidate, Committee or Party Name I.D. Number (3) \_\_\_\_\_3820 NW 10th Pl., Gainesville, FL 32605 Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): X Candidate (office sought) PAC Political Committee Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 4/1/2004 - 6/30/2004 Report Type: 04 Q2 Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ \_\_\_\_\_63.95 Cash & Checks **Expenditures** Transfers to Office \$\_\_\_\_\_0.00 \$\_\_\_\_\_0.00 Loans Account \$ \_\_\_\_\_\_70.00 Total Monetary Total Monetary \$\_\_\_\_\_0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 4,892.83 4,855.89 (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 I certify that I have examined this report and it is true, correct and complete. true, correct and complete. Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY)

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(2) I.D. Number \_\_\_\_\_\_11 (1) Name F.R.E.E. Alachua County (4) Page \_\_\_\_\_1 of \_\_\_1 (3) Cover Period  $\frac{4/1/2004 - 6/30/2004}{}$ (11) (12) (5) **(7)** (9) (10) (8) **Full Name** Date (Last, Suffix, First, Middle) Contributor (6) Sequence **Street Address &** Contribution In-kind Number City, State, Zip Code Type Occupation Description Amendment Type Amount McGee, Lillie CA \$30.00 5/21/2004 3511 NE 11 Terr Gainesville, FL 32605 1 Browne, Emily Ι CA \$40.00 6/4/2004 3820 NW 10 PL Gainesville, FL 32605 2

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(2) I.D. Number \_\_\_\_\_\_11 (1) Name F.R.E.E. Alachua County (3) Cover Period  $\frac{4/1/2004 - 6/30/2004}{}$ (4) Page \_\_\_\_\_1 of \_\_\_1 (8) (10) (11) (5) **(7)** (9) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if) (6) Sequence **Street Address &** contribution to a Expenditure Number City, State, Zip Code candidate Type Amendment Amount Sun State Federal Credit Unicormant fee MO \$30.00 4/1/2004 PO Box 1162 Gainesville, FL 32602 1 Alachua Co Supervisor Electionachua Co vote MO \$30.25 r list on CD 4/1/2004 SE 1st ST Gainesville, FL 32601 2 CFOP, office supplies MO \$3.70 6/4/2004 10 NW 6th ST Gainesville, FL 32605 3