FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
 (1) <u>Women for Wise Growth</u> Candidate, Committee or Party Name (3) <u>860 NW 20th Street, Gainesville, FL</u> Address (number and street) (0) Check box if address has changed since laboration 	City State Zip Code						
 (4) Check appropriate box(es): X Candidate (office sought) PAC Political Committee Committee of Continuous Existance Party Executive Committee 	Check if PC has DISBANDED Check if CCE has DISBANDED						
(5) Report Identifiers Cover Period: 8/27/2004 - 9/10/2004 Report Type:04 G1 Original X Amendment Special Election Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$	(7) EXPENDITURES THIS REPORT Monetary 0.00 Expenditures \$						
In Kind \$0.00_	(8) Other Distributions \$0.00_						
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date						
(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. Name of Treasurer Deputy Treasurer X	I certify that I have examined this report and it is true, correct and complete. Name of Candidate Chairman (PC/PTY) X						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name__Women for Wise Growth

(2) I.D. Number _____15

(3) Cover Period 8/27/2004 - 9/10/2004			(4) Page1 of1				
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		Contributor Occupation	Contribution Type		Amendment	Amount
9/5/2004	Fitzgerald, Kiera 10915 NW 202 Street Alachua, FL 32615	I		СН		Delete	\$50.00
1							
9/5/2004	Fitzgerald, Kiera 10915 NW 202 Street Alachua, FL 32615	I		СН		Add	\$0.00
2							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name for Wise Growth (2) I.D. Number							
	8/27/2004 - 9/10/2004		Page		0		
(5) Cover Period	(7)	(4)	(9)	<u> </u>	(11)		
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if) contribution to a candidate		Amendment	Amount		