## FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) \_\_\_\_ Women for Wise Growth **(2)** Candidate, Committee or Party Name I.D. Number (3) 2737 SW 2nd Place, Gainesville, FL 32603 Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought) PAC X Political Committee Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 3/25/2005 - 4/14/2005 Report Type: 05 S3 Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ \_\_\_\_\_\_29.80 \$ \_\_\_\_\_0.00 Cash & Checks **Expenditures** Transfers to Office \$\_\_\_\_\_0.00 \$\_\_\_\_\_0.00 Loans Account \$\_\_\_\_0.00 Total Monetary Total Monetary \$\_\_\_\_\_0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 15,095.66 16,803.80 (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**

1) Name Women for Wise Growth				(2) I.D. Number15			
3) Cover Period 3/25/2005 - 4/14/2005				1 of0			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor  Type Occupation		Contribution Type	In-kind Description	Amendment	Amount

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

(2) I.D. Number \_\_\_\_\_\_15 (1) Name Women for Wise Growth (4) Page \_\_\_\_\_1 of \_\_\_1 (3) Cover Period 3/25/2005 - 4/14/2005 (5) **(7)** (8) (9) (10) (11) **Full Name Purpose** Date (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 Compass Bank, bank fee MO \$15.00 3/31/2005 2814 SW 34 Street Gainesville, FL 32608 1 Bardon, Doris reimburse MO \$14.80 1903 NW 36 Drive 4/9/2005 postage Gainesville, FL 32605 2