FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Dennis C. Moss Candidate, Committee or Party Name **(2)** 280 I.D. Number (3) _____17125 SW 109th Court, Miami, FL 33157 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) County Commission 09 Political Committee Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 7/1/2004 - 7/23/2004 Report Type: F1-04 Cover Period: Original X Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ _____0.00 Cash & Checks **Expenditures** Transfers to Office \$_____0.00 \$_____0.00 Loans Account Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 198,730.00 131,599.93 (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 Dennis C. Moss (2) I.D. Number ______280 (4) Page _____1 of ___1 (3) Cover Period 7/1/2004 - 7/23/2004 (11) (5) **(7)** (8) (9) (10) (12) **Full Name** Date Contributor (Last, Suffix, First, Middle) (6) Street Address & Sequence Contribution In-kind Number City, State, Zip Code Type Occupation **Description Amendment** Amount Type South FLorida Counsel of Fineac СН Delete \$250.00 7/16/2004 8000 N.W. 21st Street Suite # 205 Miami, FL 33122-1620 1

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) NameDenn	1s C. Moss	(2)	I.D. Numbe	r280_	
(3) Cover Perio	d7/1/2004 - 7/23/2004	(4)	Page	1 of _	0
(5)	(7)	(8)	(9)	(10)	(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	Expenditure Type	Amendment	Amount