FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Steve Garrison Candidate, Committee or Party Name **(2)** 301 I.D. Number (3) P.O. Box 900637, Homestead, FL 33090 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 8/27/2004 - 11/29/2004 Report Type: _____TR-F0 Cover Period: Original X Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ _____0.00 \$ ______210.71 Cash & Checks **Expenditures** Transfers to Office \$_____0.00 \$_____0.00 Loans Account \$ _____210.71 Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date **\$** _____ 111,749.75 111,299.71 (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 ______301 (1) Name Steve Garrison (3) Cover Period 8/27/2004 - 11/29/2004 (4) Page _____1 of ___1 (11) (5) (9) (10)(12)**(7)** (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 refund/ov RE Add \$10.71 10/4/2004 9425 SW 72 Street, Suite 16 erpayment Miami, FL 33173 on accou 1 City of Homestead, refund/po Add RE \$200.00 litical 10/4/2004 790 N. Homestead Blvd. Homestead, FL 33030 sign de 2

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name_Steve Garrison			I.D. Number	r301_	
(3) Cover Period	d 8/27/2004 - 11/29/2004	(4)	Page	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