## FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Anthony Dawkins Candidate, Committee or Party Name **(2)** I.D. Number (3) \_\_\_\_\_8001 NW 22nd Avenue, Miami, FL 33147 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) Community Council 08/84 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 - 10/11/2004 Report Type: \_\_\_\_\_TR-QC Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ \_\_\_\_\_\_250.00 \$ \_\_\_\_\_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 250.00 250.00 (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_Antho	(2) I.D. Number						
(3) Cover Period	d7/1/2004 - 10/11/2004	4		_ (4)	Page	<u>_1</u> of	0
(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	In-kind Description	Amendment	Amount

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

 (1) Name\_Anthony\_Dawkins
 (2) I.D. Number\_\_\_\_\_318

 (3) Cover Period \_\_\_\_\_7/1/2004 - 10/11/2004
 (4) Page \_\_\_\_\_1 of \_\_\_\_\_1

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(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	(Last, Suffix, First, Middle) (add office soug uence Street Address & contribution t		Expenditure Type	Amendment	Amount
8/9/2004	Inner City Youth of South Fl 8001 NW 22 Ave Miami, Fl 33147	chonation to inner city youth of south fl	MO		\$114.00
8/20/2004	Boadr of County Commissioner 2700 NW 87 Ave Miami, FL 33172		МО		\$100.00
2					
8/20/2004	Hurland Checks, 183 st NW 27th Ave Miami, FL 33056	check made through wachovia	МО		\$18.00
3		bank			
8/24/2004	Gas, NW 22 Ave 103 St Miami, FL 33147	gas	МО		\$18.00
4					