| FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|---|--|--|--|--|--|--|--|
| (1) Barbara Jordan for Commissioner Campaign Candidate, Committee or Party Name (2) P.O Box 694691 Address (number and street) Miami, FL 33269-0000 City, State, Zip Code | OFFICE USE ONLY | | | | | | |
| | (3) I.D. Number: 00000 | | | | | | |
| (5) REPORT I | DENTIFIERS | | | | | | |
| Cover Period: From 07/01/2004 To 07/23/2004 Original X Amendment Special Elect | | | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | | | |
| Cash & Checks\$50,000.00 | Monetary Expenditures \$27,609.34 | | | | | | |
| Loans\$0.00 | Transfers to Office Account \$0.00 | | | | | | |
| Total Monetary\$50,000.00 | Total Monetary\$27,609.34 | | | | | | |
| In-Kind\$0.00 | (8) Other Distributions \$0.00 | | | | | | |
| (9) TOTAL Monetary Contributions to Date | (10) TOTAL Monetary Expenditures to Date | | | | | | |
| \$125,706.17 | \$76,443.74 | | | | | | |
| (11) CERTI It is a first degree misdemeanor for any perso | | | | | | | |
| I certify that I have examined this report and it is true, correct and complete Anthony Brunson Name of X Transurer Deputy Treasurer X Signature | I certify that I have examined this report and it is true, correct and complete Barbara Jordan Name of X Candidate Chairman (PC/PTY only) Signature | | | | | | |
| DS-DE 12 (Rev. 08/03) | Adjutant Software - Campaign ToolBox | | | | | | |

(1) Name Barbara Jordan for Commissioner Campaign (2) I.D. Number 00000 0 of 0. (3) Cover Period 07/01/2004 - 07/23/2004 (4) Page (5) (7)(8) (9) (12) (10)Date Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Contributor (6) Sequence Number In-kind Contribution Type Туре Occupation Amendment Amount Description Nothing to report on this form

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Barbara Jordan for Commissioner Campaign (2) I.D. Number 00000 -----(3) Cover Period 07/01/2004 - 07/23/2004 1 of 1 (4) Page (5) (7) (8) (9)(10): Date ಳು Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code (6) Sequence Number Purpose വ Expenditure Type (add office sought if contribution to a candidate) Amount Amendment Wachovia Bank Bank service charge MON ADD \$6.00 07/12/2004 P.O Box 563966 Charlotte, NC 28262-3966 000025 Inasite Multimedia Advertising 07/22/2004 MON ADD \$ 550.00 P.O Box 1115 Miami, FL 33160-0000 000026

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM APPLIES TO POLITICAL COMMITTEES, COMMITTEES OF CONTINUOUS EXISTENCE AND PARTY EXECUTIVE COMMITTEES ONLY

| (1) Name | Barbara Jordan for Commissioner Campaign | | (2) I.D. Number | 00000 | |
|--------------------------|---|--|-------------------------|-----------|-------------------|
| (3) Cover Perio | Cover Period 07/01/2004 - 07/23/2004 | | | 0 of 0 | emotive Contracts |
| (5) | (7) | (8) | (9) | (10) | (11) أياً |
| 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) | Related Expenditures | Amendment | 5 |
| | Nothing to report on the | nis form | | | |
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS ara Jordan for Commissioner Campaign (2) I.D. Number 00000

| (1) Name | Barbara Jordan for Commissioner Campaign | | (2) I.D. Number | 00000 | Column | | | | |
|---------------------------|--|------------------|----------------------|-----------------|--------|--|--|--|--|
| (3) Cover Perio | | | | (4) Page 0 of 0 | | | | | |
| (5) Date | (7) Name of Financial | (8) | (9) | (10) (10) | (11) | | | | |
| (6) Sequence Number | Institution Street Address & City, State, Zip Code | Transfer Type | Nature of Account | Amendment | Amount | | | | |
| | | | | | | | | | |
| | Nothing to report on this form | | | | | | | | |
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