FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Davic Nelson Candidate, Committee or Party Name (2) P.O. Box 653512 Address (number and street) Miami, FL 33265-3512 City, State, Zip Code  Check box if address has changed  (3)	OFFICE USE ONLY APR -5 AM 8: 02				
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee	,				
(5) REPORT					
Cover Period: From O1 / O1 / O4 To C	$93 / 31 / 04$ Report Type $\bigcirc 1 - 09$				
☑ Original ☐ Amendment ☐ Special Election	n Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$				
Loans \$ 2 <u>00</u> <u>0</u>	Transfers to Office Account \$				
Total Monetary \$	Total				
In-Kind \$ 2 <i>1. 0</i> 0	Monetary \$				
<u> </u>	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$ බලා <u>හ</u>	(10) TOTAL Monetary Expenditures To Date \$				
(11) CERT					
It is a first degree misdemeanor for any pers					
I certify that I have examined this report and it is true, correct and complete.	I certify that I have examined this report and it is true, correct and complete.				
David Nelson	David Nelson				
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY Only) Signature				
Signature	Orginature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name <b></b>	avid Nelson				(2) I.D. Numb	er	
(3) Cover Peri	od <u>O(   O(   O</u>	4 thr	ough <u>Ø3</u>	1 <u>31</u> 1 <u>0</u>	<u>)4</u> (4) Pag	ge <u>/</u>	of <u>l</u>
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	С	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number  (C) 109 104	Nelson, David 11885 sw26 terr Miami FL 33175	Type	Occupation Teacher	LOA	Description	Amendment	200.00
02/10/04	Salcedo, Isabel 7770 sw 120 PL Migmi, FL 33183	I		INK	Clipboards Name tags Pens		21.00
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(1) Name <u>Dav</u>	CAMPAIGN TREASURER'S RE	:PORT – HEMIZED (2	) EXPENDII 2) I.D. Number	URES 	
	od <u>01 /01 /04</u> through <u>03</u>		4) Page	of _	l
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
OZ /09/04 1	Nelson, David 11885 SW 26 terr Miami, FL 33175	Campaign Checks	DIS		14.30
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1) Name David	CAMPAIGN TREASURER  Nelson	R'S REPORT –	FUND TRANS (2) I.D. Num	FERS ber	
	01				1
(5) Date (6) Sequence Number	(7)  Name of Financial Institution  Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10)	(11)
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//				<b>82</b>	
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David Ndson Pro. Box 653512 Mirani FL 33265-3512

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Campaign Report)
Miami-Dade Stections I
2700 Nw 87 Ave
Miami, FL 33172

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