FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) _____Alachua County Citizens for Recreation and Park(2) Candidate, Committee or Party Name I.D. Number (3) Address (number and street) City State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): X Candidate (office sought) PAC Political Committee Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 7/24/2004 - 8/6/2004 Report Type: 04 F2 Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ _____0.00 \$ ______100.00 Cash & Checks **Expenditures** Transfers to Office \$_____0.00 \$_____0.00 Loans Account \$ _____100.00 Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 0.00 100.00 (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 Alachua County Citizens for Recreation and Par(2) I.D. Number 63 (4) Page _____1 of ___1 (3) Cover Period 7/24/2004 - 8/6/2004 (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 Law, Alison Professio СН \$100.00 7/27/2004 4524 SW 105 Drive nal Volun Gainesville, Fl 32608 teer 1

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Alachua County Citizens for Recreation and Par(2) I.D. Number 63 (3) Cover Period 7/24/2004 - 8/6/2004 (4) Page _____1 of ___1 (10) (5) **(7)** (8) (9) (11) **Full Name** Purpose Date (Last, Suffix, First, Middle) (add office sought if) (6) **Street Address &** contribution to a Sequence Expenditure Number City, State, Zip Code candidate Type Amendment Amount No expenditures MO \$0.00 8/6/2004 were made duri ng this initial reporting peri 1 od.