FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
<ul> <li>Alachua County Citizens for Campaig</li> <li>Candidate, Committee or Party Name</li> <li>(2)</li> </ul>	gn Reform (2) <u>8</u> I.D. Number						
(3), Address (number and street) C	City State Zip Code ast report						
<ul> <li>(4) Check appropriate box(es):</li> <li>X Candidate (office sought) PAC</li> <li>Political Committee</li> <li>Committee of Continuous Existance</li> <li>Party Executive Committee</li> </ul>	Check if PC has DISBANDED Check if CCE has DISBANDED						
(5) Report Identi							
Cover Period:       7/1/2003 - 9/30/2003       Report Type:       03 Q3         X Original       Amendment       Special Election Report       Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT Monetary						
Cash & Checks \$0.00_	Expenditures \$0.00						
Loans \$0.00_	Transfers to Office Account \$0.00_						
Total Monetary \$0.00_	Total Monetary \$0.00_						
In Kind \$0.00_	(8) Other Distributions \$0.00_						
(9) TOTAL Monetary Contributions to Date							
\$0.00 \$(11) CERTIFICATION (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13,F.S.)							
I cerify that I have examined this report and it is true, correct and complete.	I cerify that I have examined this report and it is 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 Campaign Reform (2) I.D. Number 8

( )			( )			
(3) Cover Period 7/1/2003 - 9/30/2003		(4) Page		<u>1</u> of <u>0</u>		
(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 Alachua County Citizens for Campaign Reform (2) I.D. Number 8

(3) Cover Period	d7/1/2003 - 9/30/2003	(4)	Page	<u> </u>	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