

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Better Transportation Coalition
Name

(2) P O Box 10345, Tallahassee, FL 32302
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): _____

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2004 To 3/31/2004 Report Type 04-Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 150.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 150.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 150.00

(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 true, correct, and complete.

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(Type name) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) _____
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Better Transportation Coalition (2) I.D. Number 10

1/1/2004 through 3/31/2004

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Better Transportation Coalition

(2) I.D. Number 10

(3) Cover Period 1/1/2004 through 3/31/2004

(4) Page 1 of 1

(5) Date	(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
1/23/2004 / /	Apalachee Tourtise, P.O. Box 5932 Tallahassee, FL 32314	ad in local paper	MO		\$100.00
1					
1/22/2004 / /	Lieb, Randl 420 E. Park Ave. Apt. 9 Tallahassee, FL 32301	maintenan web site ce	MO		\$50.00
2					
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