FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) ____ Leon County Voter Fund (2) Candidate, Committee or Party Name I.D. Number (3) P O Box 180578, Tallahassee, FL 32318 Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought) Political Committee Political Committee Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 8/7/2004 - 8/26/2004 Report Type: 04-F3 Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$_____0.00 \$ ______50.00 Cash & Checks **Expenditures** Transfers to Office \$_____0.00 \$_____0.00 Loans Account \$ _____ 50.00 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 50.00 (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 <u>Leo</u>	(2) I.D. Number62							
(3) Cover Period 8/7/2004 - 8/26/2004				1 of1				
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)		Contributor					
Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
	N. FL. PROGRESSIVE CAUCU		Public in				\$50.00	
8/26/2004	1510 Old St. Augusting R	d.	terest, i					
	Tallahassee, Fl 32301		ssue Advo					
1								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name <u>Leo</u> :	n County Voter Fund	(2)	I.D. Number	62	
(3) Cover Perio	d 8/7/2004 - 8/26/2004	(4)	Page	of	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
			- 7,6-0		