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 8/27/2004 - 9/10/2004 Report Type: 04-G1 Cover Period: Original X Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ ______29.80 \$ _____0.00 Cash & Checks Expenditures Transfers to Office \$_____0.00 \$_____0.00 Loans Account \$____0.00 Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 50.00 29.80 (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 Leon County Voter Fund				(2) I.D. Number 62			
3) Cover Period 8/27/2004 - 9/10/2004				(4) Page1 of0			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number 62 (1) Name Leon County Voter Fund (3) Cover Period 8/27/2004 - 9/10/2004 (4) Page _____1 of ___1 (5) **(7)** (8) (9) (10) (11) **Full Name** Date **Purpose** (Last, Suffix, First, Middle) (add office sought if) (6) Sequence **Street Address &** contribution to a Expenditure Number City, State, Zip Code candidate Type Amendment Amount Peoples First Community Bank Service Charge MO Add \$10.00 8/31/2004 107 E College Avenue Tallahassee, FL 32301 1 Peoples First Community Bank Harland Check O MO Add \$19.80 9/1/2004 107 E College Avenue rder Tallahassee, FL 32301 2