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 10/29/2004 - 1/31/2005 Report Type: _____G-Ter Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ ______20.00 \$ ______9.80_ Cash & Checks **Expenditures** Transfers to Office \$_____0.00 \$_____0.00 Loans Account Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 59.80 59.80 (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			
(3) Cover Period 10/29/2004 - 1/31/2005				1 of1				
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)	، ا	Contributor					
Sequence	Street Address &	`		Contribution	In-kind			
Number		 Type	Occupation	Type		Amendment	Amount	
	Bunting, Ronald	I		CA			\$9.80	
12/23/2004	1510 Old St Augustine Ro	ad						
	Tallahassee, FL 32301							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number _____62 (1) Name Leon County Voter Fund (3) Cover Period 10/29/2004 - 1/31/2005 (4) Page _____1 of ___1 (5) (9) (10) (11) **(7)** (8) **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 \$10.00 10/30/2004 107 E College Avenue Tallahassee, FL 32301 1 Peoples First Community Bank Service Charge MO \$10.00 11/30/2004 107 E College Avenue Tallahassee, FL 32301 2