

**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 1/1/2006 To 3/31/2006 / Report Type 06-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    \$    264.90

Transfers to Office  
Account    \$    0.00

Total  
Monetary    \$    264.90

(8) Other Distributions  
\$    0.00

**(9) TOTAL Monetary Contributions To Date**

\$    785.00

**(10) TOTAL Monetary Expenditures To Date**

\$    755.00

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.)    ☐ Treasurer    ☐ Deputy Treasurer

**X**

Signature

(Type name)

☐ Candidate    ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Better Transportation Coalition **(2) I.D. Number** 64  
**(3) Cover Period** 1/1/2006 through 3/31/2006 **(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 64

(3) Cover Period 1/1/2006 through 3/31/2006

(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
2/20/2006 / /	Ability1st, 1823 Buford Ct. Tallahassee, FL 32308	close out account this was a donation transport for ation	MO		\$264.90
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