(1) Clean Air Coalition Name (2) P. O. Box 1505, 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 Committee of Continuous Existence Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  Cover Period: From 10/1/2005 To 10/23/2005 Report Type 05-G1 Original Amendment Special Election Report Independent Expenditure Report  (6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 0.00 Expenditures \$ 0.00	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
P. O. Box 1505, Tallahassee, FL 32302   Address (number and street)	010011 1111 0001101011	OFFICE USE ONLY 83							
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (3) ID Number:  (4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication  (5) REPORT IDENTIFIERS Cover Period: From  10/1/2005 To  10/23/2005 Report Type 05-G1  Original Amendment Special Election Report Independent Expenditure Report  (6) CONTRIBUTIONS THIS REPORT  Monetary	PRODUCTION OF THE PRODUCT OF THE PRO								
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 Party Executive Committee  Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  (5) REPORT IDENTIFIERS  Cover Period: From 10/1/2005 To 10/23/2005 Report Type 05-G1  Original Amendment Special Election Report Independent Expenditure Report  (6) CONTRIBUTIONS THIS REPORT  Monetary	Address (number and street)								
(4) Check appropriate box(es):  Candidate (office sought):  Political Committee Committee Committee CHECK IF PC HAS DISBANDED Committee 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  10/23/2005 Report Type 05-G1 Original Amendment Special Election Report Independent Expenditure Report  (6) CONTRIBUTIONS THIS REPORT Monetary	City, State, Zip Code								
Candidate (office sought):  ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee ☐ 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	☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
Cover Period: From 10/1/2005 To 10/23/2005 Report Type 05-G1 Original Amendment Special Election Report Independent Expenditure Report  (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary	☐ Candidate (office sought):       ☐ CHECK IF PC HAS DISBANDED         ☐ Committee of Continuous Existence       ☐ CHECK IF CCE HAS DISBANDED         ☐ Party Executive Committee       ☐ CHECK IF NO OTHER ELECTIONEERING								
Cover Period: From 10/1/2005 To 10/23/2005 Report Type 05-G1 Original Amendment Special Election Report Independent Expenditure Report  (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary									
(6) CONTRIBUTIONS THIS REPORT  (7) EXPENDITURES THIS REPORT  Monetary	10/1/2005	10/23/2005							
Monetary	☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report								
	(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT								
	Cash & Checks \$0.00								
Loans \$ 0.00 Transfers to Office Account \$ 0.00	Loans \$	Account							
Total Monetary \$ 0.00 Total Monetary \$ 0.00	Total Monetary \$	at modeless							
In-Kind \$	In-Kind \$								
(8) Other Distributions \$		0 00							
(9) TOTAL Monetary Contributions To Date \$	•								
(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)  (Type name)	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.							
Individual (only for election eering commun.)  Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY & election eering commun. organization)	electioneering commun.)	electioneering commun. organization)							
Signature Signature									

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Name Clean Air Coalition					(2) I.D. Number					
	10/1/2005				10/23	3/2005					
(3) Cover Perio	d /	ľ	1	through	1	1	(4) Page	1	of	2	

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/6/2005	Baggett, Ivan 3981 Forsythe Park Court Tallahassee, FL 32309	I	business owner	CA		Delete	\$500.0
10/6/2005	Baggett, Ivan 3981 Forsythe Park Court Tallahassee, FL 32309	I	business owner	СН		Add	\$500.0
2 10/11/2005 / / 3	Inman-Johnson, Dorothy 2121 Trescott Dr Tallahassee, FL 32308	I	soc svc agency director	CA		Delete	\$150.0
10/11/2005	Inman-Johnson, Dorothy 2121 Trescott Dr Tallahassee, FL 32308	I	soc svc agency director	СН		Add	\$150.
10/18/2005	Neese, Brande 1432 Park Ave Baltimore, MD 21217	I	artist	CA		Delete	\$300.
10/18/2005	Neese, Brande 1432 Park Ave Baltimore, MD 21217	I	artist	СН		Add	\$300.
10/12/2005 / / 7	Chulak, Jean and Joseph 1114 Lasswade Dr Tallahassee, FL 32312	I		СН		Delete	\$50.
10/12/2005	Chulak, Jean 1114 Lasswade Dr Tallahassee, FL 32312	I		СН		Add	\$50.

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Clean Air Coalitio	(2) I.D. Number					
	10/1/2005			0/23/2005			
(3) Cover Perio	od//	thre			(4) Pag	<b>e</b>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/13/2005	Waldorf, Dana Bryar and Gwendolyn B 2894 Hadley Rd Tallahassee, FL 32309	ı I	assistant curator	СН		Delete	\$100.00
10/13/2005	Waldorf, Gwendolyn B 2894 Hadley Rd Tallahassee, FL 32309	I	assistant curator	СН		Add	\$100.00
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(1) Name Clea	<b>CAMPAIGN TR</b> an Air Coaliti	EASURER'S		ED EXPENDITURES (2) I.D. Number 83			
	10/1/2005	1	0/23/2005	(4) Page		0	
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(5) Date	Full	7) Name First, Middle)	(8) Purpose (add office sou	(9)	(10)	(11)	
(6) Sequence Number	Street A	ddress & e, Zip Code	contribution t candidate)	o a Expenditure	Amendment	Amount	
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