FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY						
OFFICE USE ONLY						
(3) I.D. Number: 000000						
eck if PC has DISBANDED  eck if CCE has DISBANDED  eck if no other electioneering communication reports will be filed						
Electioneering Communication Check if no other electioneering communication reports will be filled  (5) REPORT IDENTIFIERS						
Cover Period: From 09/27/2008 To 10/10/2008 Report Type: G3  X Original Amendment Special Election Report Independent Expenditure Report						
(7) EXPENDITURES THIS REPORT						
Monetary Expenditures \$0.00						
Transfers to Office Account \$0.00						
Total Monetary \$0.00						
(8) Other Distributions \$0.00						
(10) TOTAL Monetary Expenditures to Date						
\$944.00						
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
certify that I have examined this report and it is true, correct and complete						
Candidate  Chairman (only for PC, PTY & electioneering commun. organization)  X  Signature						

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

(1) Name	High Pines Annexation Committee			(2) I.D.	Number	00000	
(3) Cover Perio	od 09/27/2008 - 10/10/2008			(4) Pag	je	0 of 0	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	Coi	ntributor				
(6) Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
	Nothing to report on	this	form			2018	
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## **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name	High Pines Annexation Committee	(2) I.D. Number	00000			
(3) Cover Peri			(4) Page	0 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	
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# CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS THIS FORM APPLIES TO POLITICAL COMMITTEES, COMMITTEES OF CONTINUOUS EXISTENCE AND PARTY EXECUTIVE COMMITTEES ONLY.

(1) Name	High Pines Annexation Committee		(2) I.D. Number	r <u>00000</u>	
(3) Cover Perio	od 09/27/2008 - 10/10/2008		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle)	Purpose			
(6) Sequence Number	(Last, Sunix, First, Midule) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount
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# **CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS**

(1) Name	High Pines Annexation Committee		(2) I.D. Number	00000	
(3) Cover Perio	od 09/27/2008 - 10/10/2008	<u>,,, , , , , , , , , , , , , , , , , , </u>	(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount
	Nothing to report on thi	s form			
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