

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Marcus Willis
Name

(2) 3104 Dole St, Holiday, FL 34691
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 65

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Mosquito Control, Seat 2

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 4/1/2006 To 6/30/2006 Report Type Q2-06

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | | |
|----------------|----|---------------|
| Cash & Checks | \$ | <u>605.00</u> |
| Loans | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>605.00</u> |
| In-Kind | \$ | <u>0.00</u> |

(7) EXPENDITURES THIS REPORT

| | | |
|-----------------------------|----|--------------|
| Monetary Expenditures | \$ | <u>55.10</u> |
| Transfers to Office Account | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>55.10</u> |

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 605.00

(10) TOTAL Monetary Expenditures To Date
\$ 55.10

(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.

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

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

(Type name) _____

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

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marcus Willis **(2) I.D. Number** 65
(3) Cover Period 4/1/2006 through 6/30/2006 **(4) Page** 1 of 1

| (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 |
|---------------------------|--|---------------------------------------|---------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | | | |
| 6/2/2006 / / | Wray, Gary 8032 Sycamore Dr. New Port Richey, FL 34691 | I | asst. vp mbl | CH | | | \$300.00 |
| 1 | | | | | | | |
| 6/7/2006 / / | Bergman, Margaret 12017 Boynton Lane New Port Richey, FL 34654 | I | retired | CH | | | \$100.00 |
| 2 | | | | | | | |
| 6/9/2006 / / | Pittman, Micah 5327 Lowell Ave Spring Hill, FL 34609 | I | manager | CA | | | \$5.00 |
| 3 | | | | | | | |
| 6/19/2006 / / | Bay Area Express, 8651 Torchwood Dr. Trinity, FL 34655 | B | medical supplies | CH | | | \$200.00 |
| 4 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marcus Willis

(2) I.D. Number 65

(3) Cover Period 4/1/2006 through 6/30/2006

(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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 6/7/2006 / / | Office Depot, 9474 US 19 Port Richey, FL 34668 | business card magnets | MO | | \$19.25 |
| 1 | | | | | |
| 6/9/2006 / / | Office Depot, 9474 US 19 Port Richey, FL 34668 | business cards | MO | | \$35.85 |
| 2 | | | | | |
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