

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

(1) JOHN DAVENPORT  
Name

(2) AS PER STATUTE 119.07  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

**OFFICE USE ONLY**  
04 SEP 16 PM 2:03  
SUPERVISOR OF ELECTIONS

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

**(4) Check appropriate box(es):**

- Candidate (office sought): CHARLOTTE COUNTY SHERIFF
- 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 08 / 27 / 04 To 09 / 10 / 04 Report Type G1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 200.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 200.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 835.18

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 835.18

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 52,005.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 51,118.99

**(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.

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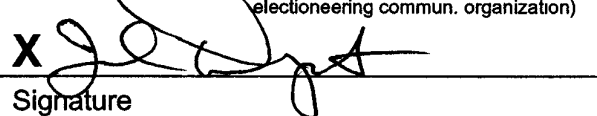
(Type name) RON OLSEN

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) JOHN DAVENPORT

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

**X**   
Signature

**X**   
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOHN DAVENPORT (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08 / 27 / 04 through 09 / 10 / 04 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
09 / 01 / 04	ACTICOMM ASSOCIATES, LLC PO BOX 521711 PUNTA GORDA, FL 33951-2711	B	COMMUN ICATIO NS	CHE			\$200
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