

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

OFFICE USE ONLY
04 NOV 16 PM 2:21

SUPERVISOR OF ELECTIONS

(1) JOHN DAVENPORT
Name

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

City, State, Zip Code

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 10 / 29 / 04 To 12 / 31 / 04 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ _____

Total Monetary \$ 0.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,089.38

Transfers to Office Account \$ _____

Total Monetary \$ 2,089.38

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 53,225.37

(10) TOTAL Monetary Expenditures To Date

\$ 53,225.37

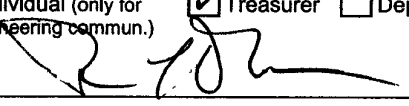
(11) CERTIFICATION

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) RON OLSEN

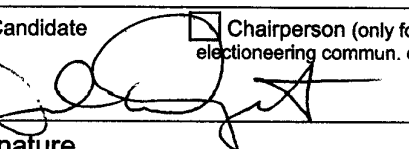
Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
Signature

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

(Type name) JOHN DAVENPORT

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

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOHN DAVENPORT

(2) I.D. Number _____

(3) Cover Period 10 / 29 / 04 through 12 / 31 / 04

(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
10 / 29 / 04 1	CULTURAL CENTER OF CHARLOTTE COUNTY, INC 2280 AARON STREET PORT CHARLOTTE, FL 33952	OFFICE EXPENSE	CHE		\$910.80
10 / 29 / 04 2	WACHOVIA BANK TAYLOR STREET PUNTA GORDA, FL 33950	BANK S/C	DEBIT		\$17.00
11 / 05 / 04 3	JOHN DAVENPORT AS PER STATUTE 119.07	LOAN REIMBURSEMENT	CHECK		\$1,161.58
///					
///					
///					
///					
///					