

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

(1) DAVID C. DAVIS (2) _____
Candidate, Committee or Party Name I.D. Number

(3) 1122 GREEN OAK TRAIL PORT CHARLOTTE FL. 33948
Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):
 Candidate (office sought): HERITAGE OAK PARK CDD BOARD - GROUP #1
 Political Committee Check if PC has DISBANDED
 Committee of Continuous Existence Check if CCE has DISBANDED
 Party Executive Committee

SUPERVISOR OF ELECTIONS
 JUL 30 AM 10:24
 RECEIVED #1

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 01 / 2004 To 07 / 23 / 2004 Report Type F1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$ _____	<u>0</u>
Loans	\$ _____	<u>0</u>
Total Monetary	\$ _____	<u>0</u>
In-kind	\$ _____	<u>0</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$ _____	<u>0</u>
Transfers to Office Account	\$ _____	<u>0</u>
Total Monetary	\$ _____	<u>0</u>
(8) Other Distributions	\$ _____	<u>0</u>

(9) TOTAL Monetary Contributions to Date
\$ _____ 0

(10) TOTAL Monetary Expenditures to Date
\$ _____ 0

(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

DAVID C. DAVIS
 Name of Treasurer Deputy Treasurer

X David C Davis
 Signature

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

DAVID C. DAVIS
 Name of Candidate Chairman (PC/PTY Only)

X David C Davis
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVID C. DAVIS (2) I.D. Number _____

(3) Cover Period 07 / 01 / 2004 through 07 / 23 / 2004 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							\$
/ /							\$
/ /							\$
/ /							\$
/ /							\$
/ /							\$
/ /							\$
/ /							\$
/ /							\$

NO N E

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David C. Davis

(2) I.D. Number _____

(3) Cover Period 07 / 01 / 2004 through 07 / 23 / 2004

(4) Page 3 of 3

(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
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NONE

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES