

Post MARK AUG 20th, 2004 AM

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

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 07 / 2004 To 08 / 26 / 2004 Report Type RECEIVED

Original Amendment Special Election Report Independent Expenditure Report

SUPERVISOR OF ELECTIONS
04 AUG 28 PM 12:19

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , _____ . 0

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 0

In-kind \$ _____ , _____ , _____ . 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ , _____ , _____ . 0

Transfers to Office Account \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions \$ _____ , _____ , _____ . 0

(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

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)

David C Davis
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID C. DAVIS (2) I.D. Number _____
 (3) Cover Period 08, 27, 2004 through 08, 26, 2004 (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					
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NONE

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08/07/2004 through 08/26/2004 (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				
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NONE