

**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 FORT 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  
OCT 13 PM 12:11  
RECEIVED

**(5) REPORT IDENTIFIERS**

Cover Period: From 09 / 25 / 04 To 10 / 08 / 04 Report Type G-3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

In-kind \$ \_\_\_\_\_, \_\_\_\_\_, 52.00

**(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 CONTRIBUTIONS**

(1) Name DAVID C. DAVIS

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 25 / 04 through 10 / 08 / 04

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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				
09/27/04	DAVID C. DAVIS 1102 GREEN OAK TRAIL PORT CHARLOTTE, FL. 33948	I	CARD	CASH	ASENTEE ADDRESS LABELS		25.00
10/06/04	DAVID C. DAVIS 1122 GREEN OAK TRAIL PORT CHARLOTTE, FL. 33948	I	CARD	CASH	ENVELOPES & POSTAGE		27.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name DAVID C. DAVIS

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09/25/04 through 10/08/04

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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					
///					
///					
///					
///					
///					
///					
///					
///					
///					
///					

*NOTE*

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES