

**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
NOV - 2 PM 3:44
RECEIVED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 09 / 04 To 10 / 28 / 04 Report Type G-4

Original Amendment Special Election Report Independent Expenditure Report

(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

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 10/09/04 through 10/28/04 (4) Page _____ of _____

(5) Date	(6) Sequence Number	(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

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name David C. Davis

(2) I.D. Number _____

(3) Cover Period 10, 09, 04 through 10, 28, 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					
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none

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES