

**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. 33849
Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es): HERITASE OAK PARK
 Candidate (office sought): CDD BOARD Group #1

Political Committee Check if PC has DISBANDED
 Committee of Continuous Existence Check if CCE has DISBANDED
 Party Executive Committee

RECEIVED
04 JUL 13 PM 2:30
SUPERVISOR OF ELECTIONS

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 2004 To 06 / 30 / 2004 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , _____ 0

Loans \$ _____ , _____ , _____ 0

Total Monetary \$ _____ , _____ , _____ 0

In-kind \$ _____ , _____ , _____ 1.50

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ , _____ , _____ 1.50

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

Total Monetary \$ _____ , _____ , _____ 1.50

Other (8) 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 04 / 01 / 2004 through 6 / 30 / 2004 (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				
6/21/04	DAVID C. DAVIS 1122 GREEN OAK TRAIL PORT CHARLOTTE FL 33981	I	CASH	CASH	PETITIONS		1.50
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David C. Davis (2) I.D. Number _____
 (3) Cover Period 04 / 01 / 2004 through 06 / 30 / 2004 (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