

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

**OFFICE USE ONLY**

(1) Brenda C. Martin  
Candidate, Committee or Party Name

(2) 7618 Chumuckla Hwy  
Address (number and street)

Pace, FL 32571  
City, State, Zip Code

FL 52570-4592

2004 NOV 23 PM 1 31

Check box if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): S.R. School Board Dist. 2

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 8/27/04 To 1/1/05 Report Type TL

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

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

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

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 90.12

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

**(8) Other Distributions**

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_, 2,548.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_, 2,497.75

**(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.

Brenda C. Martin

Name of  Treasurer  Deputy Treasurer

**X** Brenda C. Martin  
Signature

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

Brenda C. Martin

Name of  Candidate  Chairman

(PC/PTY. Only)

**X** Brenda C. Martin  
Signature

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

(1) Name Brenda C Martin (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/28<sup>pm</sup>/04 through \_\_\_\_\_ (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					
8/28/04					
123	WEBY	Adv	mon		81.60
8/30/04					
124	Dollar Store	Adv	mon		8.52
11					
11					
11					
11					
11					
11					
11					

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MILTON, MA 02110-4008