

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

(1) DONALD A. LELAND
Name

(2) 2200 Smallwood Drive
Address (number and street)

Navarre, FL 32566
City, State, Zip Code

OFFICE USE ONLY

MILTON FL 32570-1092

2004 NOV 29 PM 12 50

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Sheriff Santa Rosa County
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 27 / 04 To 11 / 28 / 04 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 111.06

Transfers to Office Account \$ _____

Total Monetary \$ 111.06

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 8,325.00

(10) TOTAL Monetary Expenditures To Date

\$ 8,325.00

(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.

(Type name) Rubye Sims-Johnson

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Rubye Sims-Johnson
Signature

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

(Type name) DONALD A. LELAND

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Donald A. Leland
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DONALD A. LELAND

(2) I.D. Number _____

(3) Cover Period 8 / 26 / 04 through 11 / 28 / 04

(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 / 27 / 04	Regions Bank Milton, FL	Bank Service Charge	MON		\$10.00
1					
09 / 04 / 04	Ruby Sims Johnson 4837 Royal Pines Drive Pace, FL 32571	Accounting	MON		\$101.06
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) DONALD A. LELAND

Name

(2) 2200 Smallwood Drive

Address (number and street)

Navarre, FL 32566

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Sheriff Santa Rosa County

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 27 / 04 To 09 / 17 / 04 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 263.00

Transfers to Office Account \$ _____

Total Monetary \$ _____ 263.00

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 8,325.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 8,078.36

(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.

(Type name) Rubye Sims-Johnson
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Rubye Sims-Johnson
 X _____
 Signature

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

(Type name) Donald E. Leland
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Donald E. Leland
 X _____
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Donald A. Leland

(2) I.D. Number _____

(3) Cover Period 08 / 27 / 04 through 09 / 04 / 04

(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					
09 / 03 / 04	Miracle Strip Printing 2952 Westfield Rd. Gulf Breeze, FL 32563	Campaign Literature	MON		\$213.00
1					
09 / 03 / 04	Navarre News P O Box 5112 Navarre, FL 32566	Advertising	MON		\$40.00
2					
08 / 30 / 04	Regions Bank Pensacola, FL	Service Charge	MON		\$10.00
3					