

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

OFFICE USE ONLY
 6495 CAROLINE ST. STE. F
 MILTON, FL 32701-1702
 2004 JUL 28 AM 10 12

(1) Harold A Webb
 Candidate, Committee or Party Name
 (2) 5528 W. Harold Harris Rd
 Address (number and street)
Mi. Hw Fl 32570
 City, State, Zip Code

Check box if address has changed (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): County Commissioner Dist # 3
 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 07 / 01 / 04 To 07 / 23 / 04 Report Type FI
 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 \$ _____ , _____ , 200 . 00
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 200 . 00

(8) Other Distributions
 \$ _____ , ~~13,520.03~~ . ~~03~~

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 16,825 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , 13,520 . 03

(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.

Name of Treasurer Deputy Treasurer
X James E. Saulo
 Signature

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

Name of Candidate Chairman
 (PC/PTY Only)
X Harold A. Webb
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

SYSTEM
 6495 CAROLINE ST
 MILTON, FL 32578
 2004 JUL 28 AM 10:10

(1) Name Harold A. Webb (2) LD. Number _____

(3) Cover Period 07 1 01 1 04 through 07 1 23 1 04 (4) Page 1 of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Harold D Webb (2) I.D. Number _____

(3) Cover Period 07 101 104 through 07 123 104 (4) Page 13 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7/14/04	M. H. High School Quartermen Boat Club M. H., FL 32570	2004 Purpose (add office sought contribution to a candidate)	10 12	ADD	200. ⁰⁰
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