

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

**OFFICE USE ONLY**  
SUPERVISOR OF ELECTIONS  
6485 CAROLINE ST., STE. F  
MILTON, FL 32571-4792

(1) Harold A. Webb  
Candidate, Committee or Party Name

(2) 5528 Willard Morris Rd  
Address (number and street)

Mil. Hor., Fl. 32570  
City, State, Zip Code

2004 AUG 10 AM 10 24

Check box if address has changed

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

(4) Check appropriate box(es):

Candidate (office sought): County Commissioner Dist # 3

Political Committee

Committee of Continuous Existence

Party Executive Committee

Check if PC has DISBANDED

Check if CCE has DISBANDED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 124 104 To 8 16 104 Report Type F2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 25.00

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

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

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 436.12

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

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

**(8) Other Distributions**

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

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

\$ \_\_\_\_\_ , 16 , 900.00

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

\$ \_\_\_\_\_ , 13 , 956.19

**(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 Jane E. Sauls  
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**

SUPERVISOR OF ELECTIONS  
6495 CAROLINE  
MILTON, FL 32571

(1) Name Harold A Webb (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/24/04 through 8/10/04 Page 2 of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
8/2/04	Mary Holtzclaw 1324 Grantista Lane Gulf Breeze 32563	I		CHE	N	ADD	25. <sup>00</sup>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name HAROLD A. Webb (2) P.D. Number \_\_\_\_\_

(3) Cover Period 7/12/04 through 8/16/04 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number	Street Address & City, State, Zip Code				
7/30/04	Supervisor Election 6495 Caroline St. Milton, FL 32570	SUPERVISOR 6495 CAROLINE ST. MILTON, FL 32570 AUG 10 2004	MON	ADD	62.12
8/12/04	Supervisor Election 6495 Caroline St. Milton, FL 32570		MON	ADD	4.00
8/12/04	US. Postal 5111 Dogwood Dr Milton, FL 32570		MON	ADD	390.00
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