

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

**OFFICE USE ONLY**

SUPERVISOR OF ELECTIONS  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4502

2004 AUG 26 PM 3 25

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

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

Milton FL  
City, State, Zip Code

Check box if address has changed

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

(4) Check appropriate box(es):

Candidate (office sought):

Political Committee

Committee of Continuous Existence

Party Executive Committee

Country Commissioner Dist # 3

Check if PC has DISBANDED

Check if CCE has DISBANDED

**(5) REPORT IDENTIFIERS**

Cover Period: From 8 17 104 To 8 126 104 Report Type F3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 299 . 00

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

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

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , 645 . 00

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

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

**(8) Other Distributions**

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

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

\$ \_\_\_\_\_ , 17 , 199 . 00

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

\$ \_\_\_\_\_ , 14 , 601 . 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.

Name of     Treasurer     Deputy Treasurer

X James 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 EXPENDITURES**

(1) Name Harold A Webb

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 7 / 04 through 8 / 26 / 04

(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
8/18/04	PARADISE SCREENING RESTAURANT		P.S.	ADD	460. <sup>00</sup>
8/18/04	U.S. POSTAL 5711 DOGWOOD DR MILITARY, FL		D.S.	ADD	185. <sup>00</sup>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 8 17 104 through 8 126 104 (4) Page \_\_\_\_\_ 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		
8 17 104	Scott Maddox 214 S. Broward Tallahassee Fl. 32301	I		CAS	N	ADD	99. <sup>00</sup>
8 11 104	Fred or Faye Halls 8864 Tanglewood Dr Milton, FL 32570	I	Retired	CHE	N	ADD	200. <sup>00</sup>
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