

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

(1) Harold A. Webb  
Name

(2) 5528 Willard Norris Rd  
Address (number and street)  
Milton FL 32570  
City, State, Zip Code

**OFFICE USE ONLY**  
MILTON, FL 32570-1502  
2004 OCT 12 AM 10 32

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- |  |   |
|--|---|
| <input type="checkbox"/> Candidate (office sought): _____  | <input type="checkbox"/> CHECK IF PC HAS DISBANDED  |
| <input type="checkbox"/> Political Committee               | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED   |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Party Executive Committee         |   |
| <input type="checkbox"/> Electioneering Communication      |   |

**(5) REPORT IDENTIFIERS**

Cover Period: From 09 / 25 / 04 To 10 / 08 / 04 Report Type G 3  
 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    \$ 555.16

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

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

(8) Other Distributions  
\$ 20,656.43

(9) TOTAL Monetary Contributions To Date  
\$ 25,549.<sup>00</sup>

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_

**(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)

- Individual (only for electioneering commun )     Treasurer     Deputy Treasurer

X James E. Jones  
Signature

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

(Type name)

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

X Harold A. Webb  
Signature

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

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

(3) Cover Period 09 1 25 1 04 through 10 1 08 1 04 (4) Page \_\_\_\_\_ of \_\_\_\_\_

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

(1) Name Harold A Webb (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 09 / 25 / 04 through 10 / 08 / 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
10/05/04	Supervisor Election 6495 Caroline St Milton FL 32570		MOB	ADD	185. <sup>16</sup>
10/05/04	U.S. Postal 5111 DeGard Dr Milton FL 32570		MOB	ADD	370. <sup>00</sup>
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