

**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 32571-1702

2004 AUG 9 PM 4 03

(1) P. H. (Don) Chanery  
Candidate, Committee or Party Name

(2) 4120 MADONA ROAD  
Address (number and street)

GULF BREEZE, FL 32563-3566  
City, State, Zip Code

Check box if address has changed

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

(4) Check appropriate box(es):

Candidate (office sought): SANTA ROSA COUNTY SUPERVISOR OF ELECTIONS

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 1 24 1 2004 To 08 1 06 1 2004 Report Type F-2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 1,917 . 91

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 1,917 . 91

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

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

\$ \_\_\_\_\_ , 17 , 775 . 00

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

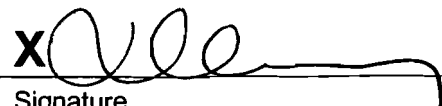
\$ \_\_\_\_\_ , 16 , 843 . 42

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

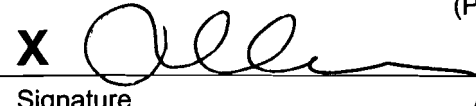
I certify that I have examined this report and it is true, correct and complete.

P. H. (Don) Chanery  
Name of  Treasurer  Deputy Treasurer

X   
Signature

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

P. H. (Don) Chanery  
Name of  Candidate  Chairman  
(PC/PTY Only)

X   
Signature

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

(1) Name P.H. (Doc) Conroy (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/24/2004 through 08/06/2004 (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					
1/01	CASS DATA	BROCHURE	DIS		1617 <sup>91</sup> / <sub>XY</sub>
1/1	CSCOM 7251 PLANTATION ROAD PENNSACOLA, FL 32504	AD	DIS		300 <sup>00</sup>
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name P. H. (DOW) CANNING (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/24/2004 through 08/06/2004 (4) Page 1 of 1

(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		
1 / 1	BRITTON STAMPS PO BOX 9 GULFBREEZE FL 32521	I	BUSINESSMAN	CHE			250 <sup>00</sup> <del>00</del>
/ /							
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