

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

(1) P.H. (Don) CHANEY  
 Name

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

Gulf Breeze, FL 32563-3562  
 City, State, Zip Code

OFFICE USE ONLY

REC'D, FL 32563-3562

2004 NOV 29 PM 3 06

☐ CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

☒ Candidate (office sought):

SUPERVISOR OF ELECTIONS

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING  
 COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 08/15/04 To 08/30/04 Report Type TR

☐ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0

Loans \$ /

Total Monetary \$ /

In-Kind \$ /

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 75<sup>00</sup><sub>xx</sub>

Transfers to Office Account \$ /

Total Monetary \$ 75<sup>00</sup><sub>xx</sub>

(8) Other Distributions \$ 387<sup>60</sup><sub>xx</sub> Close

(9) TOTAL Monetary Contributions To Date  
 \$ 0

(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 Don Chaney  
 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 Don Chaney  
 Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name P.H. Don Conway

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

(3) Cover Period 08/16/04 through 08/30/04

(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	BARBARA PINE DEPT 106 Oak St MILTON, RI 02570	RALLY	CHE		75 <sup>00</sup> / <sub>xx</sub>
1 / 02	P.H. CHINZLEY 4110 MADONNA ROAD GILBERT, RI 02862	TERMINATE REPAY LOAN	CHE		387 <sup>60</sup> / <sub>xx</sub>
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					