FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) NAVARRE ASHIMANA PATS Name (2) PO BOX 6212	Comm. 2009 JUL 8 ETT 12 37					
Address (number and street) ADVACCE FC 32566 City, State, Zip Code	· ·					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence	☐ CHECK IF PC HAS DISBANDED ——————————————————————————————————					
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPOR	RT IDENTIFIERS					
Cover Period: From 04 / 36 / 09 T	0 06 / 30 / 09 Report Type QZ					
☐ Original ☐ Amendment ☐ Special Electio	n Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT : Monetary					
Cash & Checks \$	Expenditures \$,					
Loans S	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$,/ , <u>034</u> . <u>99</u>					
The second of th	(8) Other Distributions					
9) TOTAL Monetary Contributions To Date \$ \frac{\mathbf{g}}{9}, \frac{582}{582}, \frac{21}{21}	(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.)						
certify that I have examined this report and it is true, correct, and emplete.	I certify that I have examined this report and it is true, correct, and complete.					
(Type name) ☐ Individual (only for electioneering conjunur(.)) Treasurer ☐ Deputy Treasurer	(Type name) Chuck Political Chairperson (only for PC, PTY & electioneering commun. organization)					
X	X Cohlren					
Signature	Signature					

(1) Name Avarre Pohlman (4) Committee (2) I.D. Number										
(3) Cover Peri	od <u>04 / 30 / 09</u> through	06	18010	<u>ዓ</u>	(4) Page	of				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		Purp (add office contribut candid	ose sought if lon to a late)	(9) Expenditure Type	(10)	(11) Amount			
05/20/09	Randy Hamilton Hamilton Art Age	ncy	website	fees	CHE		34.99			
05 /27/09	LAMAR Advert.		Billbon Fee	wd	CHE		/000.00			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MAYARTE Pattleman Pars Committee (2) I.D. Number									
(3) Cover Period 04 / 01 / 09 through 66 / 30 / 09 (4) Page / of /									
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)	(9) Contribution Type	(10) In-kind Description	(11)	Amount			
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES