FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Smith, George H. Candidate, Committee or Party Name 32404 (3) 8009 Hwy 22 CALLAWAY Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _______COUNTY COMMISSION, DISTRICT 4 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 1/1/2002 To 3/31/2002 Cover Period: Report Type: Q1 🗸 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary Cash & Checks Expenditures Transfers to Office 0.00 1,000.00 Loans Account 1,000.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 34.15 1,000.00 \$ (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 I certify that I have examined this report and it is true. correct and complete true, correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Smith,	George	н.		(2)	I.D. Numb	ersmi	th
(3) Cover Peri	od	_ through	3/	31/2002	(4)	Page	1 of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First,	Middle)	Con	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
3/15/2002	Smith George H 8009 Hwy 22 CALLAWAY, FL 32404		I	Realtor	LOA			1,000.00
1								
DS-DE 13 (7/98	SEI	E REVERSE I	OR IN	 STRUCTIO	NS AND CO	DE VALUES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Smith,	(2) I.D. Nur	(2) I.D. Number		smith			
(3) Cover Period	1/1/2002	through	3/31/2002	(4) Page	1	of	1	

,-:	(7)	(8)	(9)	(10)	(11)
(5)			(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/15/2002	C F Enterprises 1802 Beck Ave PANAMA CITY, FL 32405	Hand stamp and stamp pads	MON		18.75
1					
4/3/2002	Bay County Supervisor of Elections 205 Mosley Drive	Validate petition signatures	MON		15.40
2	LYNN HAVEN, FL 32444				
DS-DE 14 (7/98	CHE HEATHER FOR	NSTRUCTIONS AND C			