FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) BULLOCK, CLAUDE M (2) CLAUDE BULLOCK02 Candidate, Committee or Party Name I.D. Number (3) 110 POINT PLESANT DR 33037 KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _____ KEY LARGO WASTEWATER BD Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 9/6/2002 To 9/13/2002 Report Type: G1 Cover Period: 🖊 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 0.00 Loans Account 0.00 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 153.00 675.00 \$ (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. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | BULLOCK | C, CLAUDE M | | (2) I.D. Number | | | | |
|------------------|----------|-------------|-----------|-----------------|---|----|---|--|
| (3) Cover Period | 9/6/2002 | through | 9/13/2002 | (4) Page | 1 | of | 1 | |

| (5) | (7) | (8) | (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 |
| 9/5/2002 | BREVARD POST OFFICE 211 MAIN ST BREVARD, NC 28712 | CERTIFICATE OF MAILING | PCS | | 0.90 |
| 1 | | | | | |
| 9/9/2002 | FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 | BANK FEE | MON | | 15.00 |
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FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) BULLOCK, CLAUDE M (2) CLAUDE BULLOCK02 Candidate, Committee or Party Name I.D. Number (3) 110 POINT PLESANT DR 33037 KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _____ KEY LARGO WASTEWATER BD Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 9/6/2002 To 9/13/2002 Report Type: G1 Cover Period: Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 0.00 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 153.00 675.00 \$ (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. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | BULLOCK | C, CLAUDE M | | (2) I.D. Number | | | | |
|------------------|----------|-------------|-----------|-----------------|---|----|---|--|
| (3) Cover Period | 9/6/2002 | through | 9/13/2002 | (4) Page | 1 | of | 1 | |

| (7) | (8) | (9) | (10) | (11) |
|---|--|---|---|---|
| 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 |
| FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 | BANK FEE | MON | DEL | 15.00 |
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| FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 | BANK FEE | MON | ADD | 15.00 |
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| | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 FIRST UNION NATIONAL BANK P.O. BOX 2860 | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 FIRST UNION NATIONAL BANK P.O. BOX 2860 FIRST UNION NATIONAL BANK P.O. BOX 2860 | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 FIRST UNION NATIONAL BANK P.O. BOX 2860 FIRST UNION NATIONAL BANK P.O. BOX 2860 | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO, FL 33037 FIRST UNION NATIONAL BANK P.O. BOX 2860 KEY LARGO FL 33037 FIRST UNION NATIONAL BANK P.O. BOX 2860 |

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) BULLOCK, CLAUDE M (2) CLAUDE BULLOCK02 Candidate, Committee or Party Name I.D. Number (3) 110 POINT PLESANT DR 33037 KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _____ KEY LARGO WASTEWATER BD Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 9/6/2002 To 9/13/2002 Report Type: G1 Cover Period: Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 0.00 Total Monetary Total Monetary 0.90 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 153.00 675.00 \$ (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. true, correct and complete 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 | BULLOCK, CLAU | JDE M | | (2) | I.D. Numb | er CLAUDE | BULLO |
|--------------------|--|---------|------------------|----------------------|------------------------|-----------|--------|
| | od <u>9/6/2002</u> throug | | 13/2002 | | | 1 of | 1 |
| (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | Co | (8) ntributor | (9) | (10) | (11) | (12) |
| Sequence Number | Street Address & City, State, Zip Code | Туре | Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 9/5/2002 | BULLOCK CLAUDE P.O. BOX 371461 KEY LARGO, FL 33037 | I | CANDID TE | INK | • | ADD | 0.90 |
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| DS-DE 13 (7/98 | SEE REVERS | E FOR I | NSTRUCTIO | NS AND CO | DE VALUES | <u> </u> | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | BULLOCK | BULLOCK, CLAUDE M | | | (2) I.D. Number | | | | |
|------------------|----------|-------------------|-----------|----------|-----------------|----|---|--|--|
| (3) Cover Period | 9/6/2002 | through | 9/13/2002 | (4) Page | 1 | of | 1 | | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|-----------------|--|-------------------------------|-------------|-----------|--------|
| (5) Date | | | | (10) | (11) |
| | Full Name (Last, Suffix, First, Middle) | Purpose (add office sought if | | | |
| (6) Sequence | Street Address & | contribution to a | Expenditure | | |
| Number | City, State, Zip Code | candidate) | Type | Amendment | Amount |
| | | CERTIFICATE OF | PCS | DEL | 0.90 |
| 0.45.40000 | BREVARD POST OFFICE 211 MAIN ST | MAILING | PCS | | 0.90 |
| 9/5/2002 | BREVARD, NC 28712 | | | | |
| | BREVIND, NO 20,12 | | | | |
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| DS-DE 14 (7/98 | SEE REVERSE FOR 1 | NSTRUCTIONS AND C | ODE VALUES | l l | |