FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) RUTH BECKER (2) RUTH BECKER Candidate, Committee or Party Name (3) 3117 OVERSEAS HWY 33050 MOARTHON 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 JUDGE GROUP 4 Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 1/1/2004To 3/31/2004 Cover Period: Report Type: Q1 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 57.90 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 100.00 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 57.90 100.00 \$ (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	RUTH	BECKER			(2)	I.D. Numb	er_RUTH_E	BECKER
(3) Cover Perio	od1/1/2004	through	3/	31/2004	(4)	Page	1 of _	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, M		Coi	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip C		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/9/2004	BECKER RUTH 500 WHITHEAD ST KEY WEST, FL 33040		I	JUDGE/ ANDIDA E	CHE			100.00
1								
DS-DE 13 (7/98	SEE 1	REVERSE F	OR IN	NSTRUCTIO	NS AND CO	DE VALUES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	RUTI	H BECKER		(2) I.D. Nu	mber _	RUTH I	BECKER	_
(3) Cover Period	1/1/2004	through	3/31/2004	(4) Page	1	of	1	

	(7)	(0)	(0)	(10)	(1.1)
(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
3/5/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite 101	VERIFICATION OF PETITIONS	MON		57.90
1	KEY WEST, FL 33040				
DS-DE 14 (7/98	SEE REVERSE FOR I	NSTRUCTIONS AND C	ODE VALUES		