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

(1) ERVIN HIGGS	(2) ERVIN HIGGS					
Candidate, Committee or Party Name	I.D. Number					
(3) _80 Key Haven Rd	Key West FL 33040					
Address (number and street)	City State Zip Code					
Check box if address has changed since	last report					
(4) Check appropriate box(es):						
Candidate (office sought):	PROPERTY APPRAISER					
Political Committee	Check if PC has DISBANDED					
Committee of Continuous Existence	Check if CCE has DISBANDED					
Party Executive Committee						
(5) REPORT	IDENTIFIERS					
Cover Period: From 1/1/2004 To	Report Type:Q1					
Image: Second Field: <td< th=""></td<>						
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$50.70					
Loans \$200.00	Transfers to Office 0.00					
Total Monetary \$200.00	Total Monetary \$50.70					
In-Kind \$0.00	(8) Other Distributions \$0.00					
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date					
\$ 200.00	\$50.70					
(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						
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY only)					
Χ	Х					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS
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(1) Name _____ ERVIN HIGGS (2) I.D. Number _ERVIN HIGGS

(3) Cover Peri	od <u>1/1/2004</u>	through _	3/	31/2004	(4)	Page	of	1
(5)	(7)			(8)	(9)	(10)	(11)	(12)
Date (6)	Date Full Name		Co	ntributor				
(6) Sequence Number	Street Addres City, State, Zip	s &		Occupation	Contribution Type	In-kind Description	Amendment	
3/19/2004	HIIGGS ERVIN A 80 KEY HAVEN RD KEY WEST, FL 33040		I	PROPER Y APP/CA DIDATE	LOA			200.00

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN	TREASURER'S	REPORT –	ITEMIZED	EXPENDITURES

(1)	Name	
(1)	nume	

ERVIN HIGGS (2) I.D. Number _____

(3) Cover Period <u>1/1/2004</u> through <u>3/31/2004</u> (4) Page <u>1</u> of <u>1</u>

(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
3/29/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite 101 KEY WEST, FL 33040	VERIFICATION OF PETITIONS	MON		50.70
1					
DS-DE 14 (7/98	SEE REVERSE FOR 1	NSTRUCTIONS AND C	ODE VALUES	I	