FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) REAGAN PTOMEY (2) REAGAN PTOMEY Candidate, Committee or Party Name I.D. Number (3) 88820 OVERSEAS HWY 33070 TAVERNIER 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 3 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 Cash & Checks Expenditures Transfers to Office 0.00 100.00 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 69.90 100.00 \$ (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	REAGAN PTOMEY			(2) I.D. Number REAGAN PTOME				
(3) Cover Period 1/1/2004 through		h3	/31/2004	(4) Page		of	1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	Co	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
1/20/2004	PTOMEY SUSAN 88820 OVERSEAS HWY TAVERNIER, FL 33070	I	ADM.MA AGER	LOA	•		100.00	
1								
DS-DE 13 (7/98	SEE REVERS	E FOR I	NSTRUCTIO	NS AND CO	DE VALUES	1		

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	REAGAN PTOMEY			(2) I.D. Number REAGAN PTOMEY				
(3) Cover Period	1/1/2004	through	3/31/2004	(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
2/27/2004	BANK OF AMERICA P.O. BOX 25118 TAMPA, FL 33622	MONTHLY FEE	MON		16.00
1					
3/15/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite 101 KEY WEST, FL 33040	PETITIONS	MON		53.90
2	KEI WESI, FE 33040				
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