FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) GARY BAUMAN (2) GARY BAUMAN Candidate, Committee or Party Name 33037 (3) 855 ELLEN DR 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 7/1/2004 To 7/23/2004 Cover Period: Report Type: F1 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 108.00 Cash & Checks Expenditures Transfers to Office 0.00 158.00 Loans Account 158.00 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 108.00 158.00 \$ (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	GARY	BAUMAN			(2)	I.D. Numb	er GARY E	BAUMAN
(3) Cover Period 7/1/2004 through		7/23/2004		(4)	Page	1 of	1	
(5) Date (6)	(7) Full Name (Last, Suffix, First,		Cor	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
4/29/2122	BAUMAN GARY 855 ELLEN DR KEY LARGO, FL 3303	7	I	CANDID TE	LOA			158.00
1								
DS-DE 13 (7/98	SEE	REVERSE F	OR IN	I ISTRUCTIO	l NS AND CO	DE VALUES		

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	GARY	(2) I.D. Nu	(2) I.D. Number GARY			BAUMAN		
(3) Cover Period	7/1/2004	_ through _	7/23/2004	(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
7/12/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite 101 KEY WEST, FL 3340	QUALIFYING FEE	MON		108.00
DS-DE 14 (7/98	CEE DEA/EBCE EAD	INSTRUCTIONS AND C			