FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) BILL SHAW Candidate, Committee or Party Name **(3)** P.O. Box 523107 33052 Key West Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______MOSQUITO CONTROL BD. DIST. 4 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2004 To 10/14/2004 Cover Period: Report Type: 🖊 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 0.00 100.00 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 100.00 100.00 \$ (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 EXPENDITURES

(1) Name	BILL SHAW			(2) I.D. Number		BILL SHAW		
(3) Cover Period	7/1/2004	through	10/14/2004	(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
7/14/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite 101 KEY WEST, FL 33040	QUALIFYING FEE	MON		25.00
7/22/2004	SHAW BILL 381 101 STREET MARATHON, FL 33050	REPAY LOAN	MON		75.00
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DS-DE 14 (7/98		INSTRUCTIONS AND C			