

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

(1) James A. Baker Candidate, Committee or Party Name  
 (2) 09 SEP 15 PM 1:12 I.D. Number  
 (3) 2265 Turnbull Bay Road New Smyrna Beach, FLORIDA COUNTY, 32168  
 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): Supervisor Of Elections  
 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 09 / 01 / 00 To 09 / 08 / 00 Report Type S2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$                     .00  
 Loans \$                     .00  
 Total Monetary \$                     .00  
 In-kind \$                     .00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$                     .75.00  
 Transfers to Office Account \$                     .00  
 Total Monetary \$                     .75.00  
 (8) Other Distributions \$                     .00

**(9) TOTAL Monetary Contributions to Date**

\$                     8,155.00

**(10) TOTAL Monetary Expenditures to Date**

\$                     6,990.36

**(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

**X** Debra D Baker  
 Signature Debra D. Baker

I certify that I have examined this report and it is true, correct and complete

Name of  Candidate  Chairman (PC/PTY Only)

**X** James A Baker  
 Signature James A. Baker

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name James A. Baker

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 01 / 00 through 09 / 08 / 00

**RECEIVED**  
 (4) Page 1 of 1

00 SEP 15 PM 1:12

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
09 / 07 / 00	Port Orange Family Days P O BOX 291701 Port Orange, FL: 32129	Advertisement	MON		\$ 75.00
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