

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

00 SEP 11 PM 3:17

(1) Ben F. Johnson Campaign (2) None  
 Candidate, Committee or Party Name I.D. Number  
 (3) P.O. Box 4414 DeLand, FL 32721 FL 32721  
 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): Sheriff Of Volusia County
- 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 09/01/2000 To 09/08/2000 Report Type S2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$0.00

Loans \$0.00

Total Monetary \$0.00

In-kind \$0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$1,177.57

Transfers to Office Account \$0.00

Total Monetary \$1,177.57

(8) Other Distributions \$0.00

(9) TOTAL Monetary Contrib. to Date \$139,046.00

(10) TOTAL Monetary Expen. to Date \$130,570.32

**(9) 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

Parke S. Teal

Name of  Treasurer  Deputy Treasurer

Parke S. Teal  
 Signature

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

Ben F. Johnson

Name of  Candidate  Chairman (PC/PTY Only)

Ben F. Johnson  
 Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_

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

(3) Cover Period \_\_\_\_\_ through \_\_\_\_\_

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Sequence Number		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ben F. Johnson Campaign

(2) I.D. Number None

(3) Cover Period 09/01/2000 through 09/08/2000

(4) Page 1 of 1

(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
(6) Sequence Number					
09/01/2000	MacConnell, Pam 625 N. Tuxedo Ave DeLand, FL 32724	Postage	MON		\$240.00
000001					
09/01/2000	MacConnell, Pam 625 N. Tuxedo Ave DeLand, FL 32724	labels	MON		\$34.95
000002					
09/08/2000	News Journal 111 S Alabama Av DeLand, FL 32724	Advertising	MON		\$295.60
000003					
09/08/2000	Department Of Elections 136 N. Florida Ave DeLand, FL 32720	label	MON		\$29.26
000004					
09/08/2000	Americrown Service Corp P. O. Box 2801 Daytona Beach, FL 32120-2801	Catering	MON		\$577.76
000005					