

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) DICK PEARCE Candidate, Committee or Party Name (2) _____ I.D. Number

(3) 2015 N. NEMO DR DELTONA FL 32725
 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): WEST PALM BEACH HOSE AUTH, SEAT 3
- Political Committee Check if PC has DISBANDED
- Committee of Continuous Existence Check if CCE has DISBANDED
- Party Executive Committee

RECEIVED
 00 SEP -5 PM 2:53
 VOLUSIA COUNTY, FLORIDA
 DIVISION OF ELECTIONS

(5) REPORT IDENTIFIERS

Cover Period: From 08/12/10 To 08/31/10

Report Type F3

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50.00

Loans \$ _____

Total Monetary \$ 50.00

In-kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 15.93

Transfers to Office Account \$ _____

Total Monetary \$ 15.93

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date
 \$ 150.00

(10) TOTAL Monetary Expenditures to Date
 \$ 40.93

(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

MARK ALTIERI

Name of Treasurer Deputy Treasurer

X Mark Altieri
 Signature

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

Dick Pearce

Name of Candidate Chairman (PC/PTY Only)

X Dick Pearce
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DICK PEARCE

(2) I.D. Number _____

(3) Cover Period 08 / 12 / 00 through 08 / 31 / 00

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
08/23/00	MARY FICARO 120 N. ADELLE AV DELAND, FL 32720	I		CHE			50.00 BY
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DICK PEAKCE

(2) I.D. Number _____

(3) Cover Period 08 / 12 / 00 through 08 / 31 / 00

(4) Page of

(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
08 / 13 / 00	OFFICE MAX # 1143 4540 STATE RD 46 WEST SANFORD, FL 32771	PRINTING & OFFICE SUPPLIES			\$ 15.93
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