

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) Deanie Lowe (2) _____
 Candidate, Committee or Party Name I.D. Number

(3) 1065 N. Halifax Drive Ormond Beach FL 32176
 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 7 / 29 / 00 To 8 / 11 / 00 Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____
 Loans \$ _____
 Total Monetary \$ _____
 In-kind \$ _____ 60.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 766.70
 Transfers to Office Account \$ _____
 Total Monetary \$ _____ 766.70

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date
 \$ _____ 12,695.00

(10) TOTAL Monetary Expenditures to Date
 \$ _____ 6,276.77

(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

Anna M. Akins

Name of Treasurer Deputy Treasurer

Anna M. Akins
 Signature

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

Deanie Lowe

Name of Candidate Chairman (PC/PTY Only)

Deanie Lowe
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Deanie Lowe

(2) I.D. Number _____

(3) Cover Period 7 / 29 / 00 through 8 / 11 / 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				
8 / 5 / 00	David Lowe 937 Sea Duck Dr. Daytona Beach, FL 32119			INK	food		80.00
1							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deanie Lowe

(2) I.D. Number _____

(3) Cover Period 7 / 29 / 00 through 8 / 11 / 00

(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					
8 / 5 / 00	Ponce Inlet Community Center 4670 S. Peninsula Dr. Ponce Inlet, FL 32127	food	CHE		30.00
1					
8 / 11 / 00	Trophy Factory 855 W. New York Ave. DeLand, FL 32720		CHE		736.70
2					
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