

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

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 DIVISION OF ELECTIONS
 FLORIDA DEPARTMENT OF STATE

(5) REPORT IDENTIFIERS

Cover Period: From 9 / 1 / 00 To 9 / 8 / 00 Report Type S2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50.00

Loans \$

Total Monetary \$

In-kind \$

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$

Total Monetary \$ 0

(8) Other Distributions \$

(9) TOTAL Monetary Contributions to Date
 \$ 13,090.00

(10) TOTAL Monetary Expenditures to Date
 \$ 6,276.87

(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 9 / 1 / 00 through 9 / 8 / 00

(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
9 / 8 / 00 1	William Scovell P. O. Box 1570 DeLand, FL 32721-1570	I		CHE			50.00
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