

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

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

(3) 2015 N. NEMO DR. DELTOVA Address (number and street) City State Zip Code
FL 32725

Check box if address has changed since last report

(4) Check appropriate box(es):

- Candidate (office sought): WEST VOLUSIA HOSP. AUTH, GP A, SEAT 3
- 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 07/29/00 To 08/11/00 Report Type F-2

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 \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

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(9) TOTAL Monetary Contributions to Date
 \$ 100.00

(10) TOTAL Monetary Expenditures to Date
 \$ 25.00

(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 A. ALLEN

Name of Treasurer Deputy Treasurer

X Mark Allen
 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