

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) DICK PEARCE

Candidate, Committee or Party Name

RECEIVED

(3) 2015 N. NEMO DR.

Address (number and street)

(2)
 AUG 18 AM 9:56
 DELTONA FL 32725
 City, State Zip Code
 VOLUSIA COUNTY, FL State

Check box if address has changed since last report

(4) Check appropriate box(es):

Candidate (office sought): WEST VOLUSIA HOSP. AUMN, 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 FR

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 \$ _____

(9) TOTAL Monetary Contributions to Date
 \$ 50.00

(10) TOTAL Monetary Expenditures to Date
 \$ N/A

(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 07/29/00 through 08/11/00

(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				
08/04/00	ROBERT McFALL 1401 CLIPPER TR. DELTONA, FL 32725	I		CHE			50.00 xx
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DICK PEARCE

(2) I.D. Number _____

(3) Cover Period 07 / 29 / 00 through 08 / 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
/ /	NONE				
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