

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 VOLUSIA HOSP. AUTH. GP 1, 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 11 16 3 1 00 To 02 10 2 1 01 Report Type PR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 00.00

Loans \$ _____

Total Monetary \$ 00.00

In-kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 265.17

Transfers to Office Account \$ _____

Total Monetary \$ 265.17

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date
\$ 2,045.-

(10) TOTAL Monetary Expenditures to Date
\$ 2,045.-

(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 TEARCE

(2) I.D. Number _____

(3) Cover Period 11 103 100 through 02 102 101

(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
(6) Sequence Number		Type	Occupation				
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NONE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DICK PEARCE

(2) I.D. Number _____

(3) Cover Period 11 103100 through 02 102101

(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					
11/14/00	LESLIE PEARCE 2015 N. NEMO DR DELTONA, FL 32725	CAMPAIGN CONTRIBUTORS EVENT	CHE		220-
001					
11/20/00	LESLIE PEARCE 2015 N. NEMO DR DELTONA, FL 32725	CAMPAIGN CONTRIBUTORS EVENT	MON		45.17
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