

(1) SIDNEY E PITTMAN

Candidate, Committee or Party Name

(2) N/A

I.D. Number

(3) 1057 Prescott Blvd, Deltona

Address (number and street)

City

FL.

State

32738

Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

Candidate (office sought): WVIA Group 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 07/01/00 To 07/28/00

Report Type

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 50.00

Total Monetary \$ _____

In-kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 25.00

Transfers to Office Account \$ _____

Total Monetary \$ 25.00

(8) Other Distributions \$ 18.00
BANK Fees

(9) TOTAL Monetary Contributions to Date
\$ 50.00

(10) TOTAL Monetary Expenditures to Date
\$ 43.00

(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

SIDNEY PITTMAN

Name of Treasurer Deputy Treasurer

X [Signature]
Signature

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

SIDNEY PITTMAN

Name of Candidate Chairman (PC/PTY Only)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SIDNEY PITTMAN

(2) I.D. Number ~~XXXXXXXXXX~~

(3) Cover Period 07/01/00 through 07/28/00

(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
(6) Sequence Number		Type	Occupation				
07/10/00	Pittman, Sidney E. 1057 Prescott Blvd Del Town, FL, 32738	CASH	Health Care	CASH LOAN			\$5000
11							
11							
11							
11							
11							
11							
11							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SIDNEY PITTMAN

(2) I.D. Number _____

(3) Cover Period 07/01/00 through 07/28/00

(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
07/18/00	County of Volusia 136 N. Florida Ave DeLand, FL 32720	Qualifying Fee	Che.		25.00
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					