

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
2002 SEP -5 AM 9:04
SUPERVISOR OF ELECTIONS
VOLUSIA COUNTY, FL.

(1) JEFF PORTMAN
Candidate, Committee or Party Name

(2) _____
Supervisor Number

(3) 2658 Flowing Well Rd., DeLand, Fl. 32721
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 Hospital Hospital Authority (Group B, Seat 2)

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 6 / 11 / 2002 To 9 / 6 / 2002 Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
Cash & Checks	\$ <u>0</u> , _____ , _____ . _____	Monetary Expenditures	\$ <u>0</u> , _____ , _____ . _____
Loans	\$ <u>0</u> , _____ , _____ . _____	Transfers to Office Account	\$ <u>0</u> , _____ , _____ . _____
Total Monetary	\$ <u>0</u> , _____ , _____ . _____	Total Monetary	\$ <u>0</u> , _____ , _____ . _____
In-kind	\$ <u>0</u> , _____ , _____ . _____	(8) Other Distributions	\$ <u>0</u> , _____ , _____ . _____
(9) TOTAL Monetary Contributions to Date	\$ <u>135.00</u> , _____ , _____ . _____	(10) TOTAL Monetary Expenditures to Date	\$ <u>0</u> , _____ , _____ . _____

(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

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

Name of Treasurer Deputy Treasurer

Name of Candidate Chairman (PC/PTY Only)

X Debbie Portman
Signature

X Jeff Portman
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JEFF PORTMAN

(2) I.D. Number _____

(3) Cover Period 6 / 11 / 2002 through 9 / 6 / 2002

(4) Page _____ of _____

(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					
/ /	N/A				
/ /	N/A				
/ /	N/A				
/ /	N/A				
/ /	N/A				
/ /	N/A				
/ /	N/A				