

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

(1) STAN LEE (2) _____
Candidate, Committee or Party Name I.D. Number

(3) 111 OCEAN AIRE TERRACE N. ORMOND BEACH 32176
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): COUNTY COUNCIL DIST 4

Political Committee

Check if PC has DISBANDED

Committee of Continuous Existence

Check if CCE has DISBANDED

Party Executive Committee

RECEIVED
2002 AUG 27 PM 2:11
SUPERVISOR OF ELECTIONS
VOLUSIA COUNTY, FL.

(5) REPORT IDENTIFIERS

Cover Period: From 8/3/02 To 8/16/02 Report Type: _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ _____

Total Monetary \$ 150.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 72.97

Transfers to Office Account \$ _____

Total Monetary \$ 72.97

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date

\$ 3,765

(10) TOTAL Monetary Expenditures to Date

\$ ~~72.97~~ 439.41 E#

(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

EDWARD P. HEAGHY

Name of Treasurer Deputy Treasurer

X 
Signature

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

STAN LEE

Name of Candidate Chairman (PC/PTY only)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STAN LEE (2) I.D. Number _____

(3) Cover Period 8, 3, 02 through 8, 16, 02 (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				
8/8/02	FLORIDA ARTHRITIS + ALLERGY institute	C		CHECK			150.00
1							
1/1							
1/1							
1/1							
1/1							
1/1							
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1/1							
1/1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name STAN LEE (2) I.D. Number _____
 (3) Cover Period 8/3/02 through 8/16/02 (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					
8/14/02	DAVE THE BUTTON MAN 23-D Coolidge AV ORMOND BEACH 32174				72.97
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