

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

RECEIVED
 2012 SEP 27 11:06 AM
 SUPERVISOR OF ELECTIONS
 VOLUSIA COUNTY, FL

(1) Lita Handy-Peters (2) _____
 Candidate, Committee or Party Name I.D. Number

(3) 219 Bunker Road Debary FL
 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 Authority (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 09 / 06 / 02 To 09 / 13 / 02 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 00 . 00

In-kind \$ _____ , _____ , 00 . 00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 00 . 00

(8) Other Distributions \$ _____ , _____ , 00 . 00

(9) TOTAL Monetary Contributions to Date

\$ _____ , _____ , 450 . 00

(10) TOTAL Monetary Expenditures to Date

\$ _____ , _____ , 25 . 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

Vincent R. Keegan

Name of Treasurer Deputy Treasurer

X *Vincent R. Keegan*
 Signature

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

Lita Handy-Peters

Name of Candidate Chairman (PC/RTY Only)

X *Lita Handy-Peters*
 Signature