

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) DICK PEARCE RECEIVED
 Candidate, Committee or Party Name

(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, 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 F-1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
 Cash & Checks \$ _____
 Loans \$ 50.00
 Total Monetary \$ 50.00
 In-kind \$ 20.14

(7) EXPENDITURES THIS REPORT
 Monetary Expenditures \$ 25.00
 Transfers to Office Account \$ _____
 Total Monetary \$ 25.00
 (8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date
 \$ 50.00

(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
Mark A. Altieri
 Name of Treasurer Deputy Treasurer
X Mark A. 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 PEARCE

(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) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
07/14/00	DICK PEARCE 2013 N. NEMO DR DELTONA, FL 32725	I		LOA			50.00
1							
07/24/00	DELTONA TROPHY RAINBOW REPRODUCTIONS 2055 SAXON BLVD DELTONA, FL 32725	B	TROPHY	INK	POLLO SHIRT NAME BADGE		20. 00 ¹⁴ / ₁₀₀
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		LAST		ITEM			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DICK TEARCE

(2) I.D. Number _____

(3) Cover Period 07/01/00 through 07/22/00

(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
(6) Sequence Number					
07/17/00 1	VOLUSIA COUNTY SUPERVISOR OF ELECTIONS 136 N. FLORIDA AVE DELAND, FL 32720	FILING FEE	MCN		\$25.00
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