

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

(1) LITA HANDY-PETERS (2) _____
Candidate, Committee or Party Name I.D. Number

(3) 219 BUNKER COURT DEBARY FL 32713
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

RECEIVED
2002 AUG - 9 PM 5:30
SUPERVISOR OF ELECTIONS
VOLUSIA COUNTY, FL

(5) REPORT IDENTIFIERS

Cover Period: From 07 1 01 1 02 To 08 1 02 1 02 Report Type FX

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

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

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , 100 . 00

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

(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

\$ _____ , _____ , 100 . 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/PTY Only)

X Lita Handy-Peters
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LITA HANDY - PETERS.

(2) I.D. Number _____

(3) Cover Period 07/01/02 through 08/02/02

(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
		Type	Occupation				
07/24/02	LITA HANDY - PETERS	I		LOA			100.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LITA HANDY - PETERS

(2) I.D. Number _____

(3) Cover Period 07/01/02 through 08/02/02

(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					
07/24/02	SUPV. OF ELECTIONS. 136 NORTH FLORIDA AVE DELAND, FL. 32710-4208	ELECTION QUALIFYING FEE	MCA		25.00
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