

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

(1) Richard L. Rhodes (2) _____
Candidate, Committee or Party Name I.D. Number

(3) 2007 WATERSEdge DRIVE DELTONA FL 32738
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 VILAGE 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 09 1 06 102 To 09 1 13 102 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & ⁹Check \$ _____ . _____ . _____ . 0
 Loans \$ _____ . _____ . _____ . 0
 Total Monetary \$ _____ . _____ . _____ . 0
 In-kind \$ _____ . _____ . _____ . _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ . _____ . 277 . 63
 Transfers to Office Account \$ _____ . _____ . _____ . _____
 Total Monetary \$ _____ . _____ . 277 . 63
 (8) Other Distributions \$ _____ . _____ . _____ . _____

(9) TOTAL Monetary Contributions to Date

\$ _____ . _____ . 961 . 05

(10) TOTAL Monetary Expenditures to Date

\$ _____ . _____ . 555 . 83

(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

SHIRLEY A. Rhodes

Name of Treasurer Deputy Treasurer

X Shirley A. Rhodes
Signature

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

RICHARD L. RHODES

Name of Candidate Chairman (PC/PTY Only)

X Richard L Rhodes
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name RICHARD L. RHODES

(2) I.D. Number _____

(3) Cover Period 09, 06, 02 through 09, 13, 02

(4) Page 1 of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Sequence Number		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RICHARD L. RHODES

(2) I.D. Number _____

(3) Cover Period 09/06/02 through 09/30/02

(4) Page 1 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					
09/06/02	PERFECTION PRINTING 907 S. WOODLAND BLVD DELAND FL. 32720	POLITICAL ADVERTISEMENT	MON		154.43
1					
09/09/02	U.S. POST OFFICE DELTONA BLVD STATION 944 DELTONA BLVD. DELTONA FL, 32725	CAMPAIGN POSTAGE	MON		96.20
2					
09/09/02	BANK OF AMERICA N.A. PO. BOX 25118 TAMPA FL 33622-5118	ACCOUNT DEBIT- MONTHLY MAINTENANCE FEE	MON		15.00
3					
09/10/02	COPY SHOPPE. 3063 ENTERPRISE ROAD STE 11 DEBARY FL, 32713	POLITICAL ADVERTISEMENT	MON		12.00
4					
1/1					
1/1					
1/1					
1/1					