WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

CHARLES MC COY

**Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name**

CHARLES MCCOY

**Identification Number (Assigned by Division
of Elections)**

P. O. Box 10

Address (Number and Street)

COUNTY COMMISSION DIST. 3

**Office Sought (Include District, Circuit or
Group Number)**

Key West   FL   33041

City   State   Zip Code

- [✔] Candidate
- [ ] Committee of Continuous Existence
- [ ] Check box if address has changed since last report.
- [ ] Political Committee
- [ ] Party Executive Committee
- [ ] Check here if PC or CCE has DISBANDED and will no longer file reports.

TYPE OF REPORT
(Check Appropriate Box)

QUARTERLY REPORTS	PRIMARY ELECTION	GENERAL ELECTION
[ ] January	[ ] 32nd day prior	[ ] 46th day prior
[ ] April	[ ] 18th day prior	[ ] 32nd day prior
[ ] July	[ ] 4th day prior	[ ] 18th day prior
[ ] October		[✔] 4th day prior

- [ ] **TERMINATION REPORT**
- [ ] **SPECIAL ELECTION**

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

10/9/2004 **through** 10/28/2004

X _____

Signature

_____

Date

SIGNATURES REQUIRED FOR: **Candidates**
Candidate, Campaign Treasurer or Deputy Treasurer (S. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (S. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (S. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (S. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

DS-DE 87 (Rev. 12/01)

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

(1) CHARLES MC COY

Candidate, Committee or Party Name

(2) CHARLES MCCOY

I.D. Number

(3) P. O. Box 10   Key West   FL   33041

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 COMMISSION DIST. 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 10/9/2004 To 10/28/2004   Report Type: G4

☐ Original   ☑ Amendment   ☐ Special Election Report   ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
Cash & Checks	$ 300.00	Monetary Expenditures	$ 0.00
Loans	$ 0.00	Transfers to Office Account	$ 0.00
Total Monetary	$ 300.00	*Total Monetary*	$ 0.00
In-Kind	$ 0.00	**(8)** Other Distributions	$ 0.00

(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date
$ 4,300.00	$ 340.85

(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

Name of ☐ Treasurer ☐ Deputy Treasurer

X _____

Signature

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

Name of ☐ Candidate ☐ Chairman (PC/PTY only)

X _____

Signature

DS-DE 12 (7/98)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____CHARLES MC COY_____ (2) I.D. Number __CHARLES MCCO__

(3) Cover Period ___10/9/2004___ through ___10/28/2004___ (4) Page ___1___ of ___1___

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/27/2004 1	Stevens Mr. Thomas A 646 United Street, Suite 1 Key West, FL 33040	I	Insura ce	CHE		ADD	250.00
10/27/2004 2	White Mr. R. Brooks P. O. Box 2909 Key West, FL 33045	I	Consul ing	CHE		ADD	50.00

DS-DE 13 (7/98)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES