FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) DANISE "DEEDEE" HENRIQUEZ (2) DEEDEE HENRIQUEZ Candidate, Committee or Party Name I.D. Number **(3)** P.O. BOX 4693 33041 KEY WEST Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): TAX COLLECTOR Candidate (office sought): _____ Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS 6/20/2008 9/18/2008 Cover Period: From To Report Type: TR 🖊 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 130.92 Cash & Checks Expenditures Transfers to Office 0.00 25.00 Loans Account 25.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 275.00 275.00 \$ (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 I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NI	העההטה הטהבטה	איםע ויק	TD T ∩T	TF7	(0)	ID N.	חהפטפה	пьирт
(1) Name DANISE "DEEDEE" HENRIQUEZ						er <u>DEEDEE</u>		
(3) Cover Peri	od 6/20/2008 t	hrough _	9/	18/2008			1 of	1
(5) Date	(7) Full Name			(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)		Cor	ntributor				
Sequence Number	Street Address & City, State, Zip Coo		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
	HENRIQUEZ DANISE P.O. BOX 4693		Ι	CANDID TE	LOA			25.00
6/9/2008								
1								
DS-DE 13 (7/98	SEE RE	EVERSE F	OR IN	STRUCTIO	NS AND CO	DE VALUES	'	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	JameDANISE "DEEDEE" HENRIQUEZ			(2) I.D. Number			
(3) Cover Period	6/20/2008	_ through	9/18/2008	(4) Page	1	of	1

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/1/2008	FIRST STATE BANK 1201 SIMONTON STREET KEY WEST, FL 33040	CHECKS	MON		36.89
1					
4/1/2008	FIRST STATE BANK 1201 SIMONTON ST KEY WEST, FL 33040	BANK CHARGE	MON		15.00
2					
4/29/2008	KEY WEST POST OFFICE WHITEHEAD STREET KEY WEST, FL 33040	STAMPS	MON		26.00
3					
5/1/2008	FIRST STATE BANK 1201 SIMONTON ST KEY WEST, FL 33040	BANK CHARGE	MON		15.00
4					
6/1/2008	FIRST STATE BANK 1201 SIMONTON ST KEY WEST, FL 33040	BANK CHARGE	MON		15.00
5					
7/1/2008	FIRST STATE BANK 1201 SIMONTON ST KEY WEST, FL 33040	BANK CHARGE	MON		15.00
6					
7/9/2008	DANISE HENRIQUEZ D P O BOX 4693 KEY WEST, FL 33041	REPAYMENT OF LOAN	MON		8.03
7					
DS-DE 14 (7/98	SEE REVERSE FOR	INSTRUCTIONS AND C	ODE VALUES		