FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) CHARLES "SONNY" MCCOY (2) CHARLES MCCOY Candidate, Committee or Party Name I.D. Number (3) 88 HILTON HAVEN RD 33040 KEY WEST Address (number and street) 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 8/22/2008 To 11/24/2008 Cover Period: Report Type: From 🖊 Original Special Election Report Independent Expenditure Report Amendment (7) EXPENDITURES THIS REPORT (6) CONTRIBUTIONS THIS REPORT Monetary 4,161.51 500.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account \$ 4,161.51 500.00 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 20,535.00 21,035.00 \$ (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) Name	CHARLES "SO	(2) I.D. Number CHARLES MCCO						
(3) Cover Period <u>8/22/2008</u> through						1 of	1	
(5) Date	(7) Full Name			(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, M Street Address & City, State, Zip Co	Z.	Туре	İ	Contribution Type	In-kind Description	Amendment	Amount
8/22/2008	Mulick Justin N 187 Cort Lane Tavernier, Fl 33070		I	Lawyer	CHE			500.00
1								
DS-DE 13 (7/98	SEE R	EVERSE F	OR IN	STRUCTIO	 NS AND CO	DE VALUES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	CHARLES	"SONNY" MCC	(2) I.D. Number CHARLES MCCOY					
(3) Cover Period	8/22/2008	through	11/24/2008	(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
8/26/2008	Dante's Restaurant 951 Caroline Street Key West, Fl 33040	Food	MON		375.00
1					
9/5/2008	White Brooks P. O. Box 2909 Key West, Fl 33040	Advertising	MON		3,786.51
2					

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) CHARLES "SONNY" MCCOY (2) CHARLES MCCOY Candidate, Committee or Party Name I.D. Number (3) 88 HILTON HAVEN RD 33040 KEY WEST Address (number and street) 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 8/22/2008 To 11/24/2008 Cover Period: Report Type: From Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 4,161.51 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account \$ 4,161.51 0.00 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 20,535.00 20,535.00 \$ (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) Nome	CHARLES "	SONNY" N	, עקטע	7	(2)	ID Numb	er CHARLE	S MCCO
(3) Cover Perio	od 8/22/2008	_ through ₋	11/	24/2008			1 of	
(5) Date	(7) Full Name			(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)		Contributor			_		
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
	Mulick Justin N 187 Cort Lane		I	Lawyer	CHE		DEL	500.00
8/22/2008		0						
1								
DS-DE 13 (7/98	SEE SEE	REVERSE F	OR IN	ISTRUCTIO	NS AND CO	DE VALUES		<u> </u>

DS-DE 13 (7/98)