

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

**OFFICE USE ONLY**

(1) Campaign of Molly Douglas  
**Name**

(2) 120 S. Dixie Highway, Suite 202  
**Address (number and street)**

West Palm Beach, FL 33401  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

**(4) Check appropriate box(es):**

- Candidate (office sought): West Palm Beach City Commission, District 1
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 01 / 09 To 06 / 30 / 09 Report Type Q2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 100.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 100.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 16.15

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 16.15

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 100.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 16.15

**(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.

(Type name) Francine P. Nelson

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Francine P. Nelson  
Signature

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

(Type name) Molly Douglas

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Molly Douglas  
Signature



# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Campaign of Molly Douglas

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 09 through 06 / 30 / 09

(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					
06 / 01 / 09	Supervisor of Elections 240 S. Military Trail West Palm Beach, FL 33415	Voter information	MON		\$16.15
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