

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) C. Ozins for Quality Education (2) 299-395-1126
 Candidate, Committee or Political Party Name Daytime Telephone Number
 (3) 201 Daniel Dr. Sanibel FL 33851
 Address (Number and Street) City Zip Code

NOTE: Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

Candidate (office sought and district or seat #)

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING

COMMUNICATION REPORTS WILL BE FILED

FINAL REPORT

(5) REPORT IDENTIFIERS (see reporting calendar or report reminder notice)

Reporting Period Covered: From 11/01/04 TO 3/31/06 Report Type Code: _____

Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ _____
 Loans by Candidate \$ _____
 TOTAL Monetary for Reporting Period \$ 0.00

In-Wnd Contributions

(\$ _____)
 For this reporting period only.
 DO NOT add in-kind with monetary AND only list the amount for this reporting period.

(7) EXPENDITURES FOR THIS REPORTING PERIOD

Monetary Expenditures \$ 459.64
 Transfers to Office Account \$ _____
 TOTAL Monetary Expenditures for Reporting Period \$ 459.64

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)

(\$ _____)
 For this reporting period only.
 DO NOT add to expenditures AND only list the amount for this reporting period. (see instructions)

(9) TOTAL Monetary Contributions TO DATE:

\$ 00.00
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

\$ 459.64
 Combine amount in (10) from last report on this line.

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

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

Treasurer Deputy Treasurer Individual (only for Electioneering (Communication Organization or Independent Expenditure)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

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

Candidate Chairman (only for PC, PTY and Electioneering Communication Organization)

X Julie O. Wilson
 Signature

X Julie O. Wilson
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

FORM 14M0317 SDE Lee Co FI

