

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

(1) Andrew C. Ask (2) 941-549-1202  
Candidate, Committee or Party Name Telephone Number  
( 3 ) 5215 Del Prado Blvd, Cape Coral, FL 33904-9718  
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): MOQUITO COUNCIL 09 LEE COUNTY
- 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 07/29/00 to 08/11/00 Report Type F-2

- Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ ~~\_\_\_\_\_~~

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

Total Monetary \$ ~~\_\_\_\_\_~~

In-kind \$ ~~\_\_\_\_\_~~

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ ~~\_\_\_\_\_~~

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

Total Monetary \$ ~~\_\_\_\_\_~~

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions to Date

\$ \_\_\_\_\_, 244 .

(10) TOTAL Monetary Expenditures to Date

\$ \_\_\_\_\_, 144 . 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 true, correct and complete

HARRY HALME

Name of  Treasurer  Deputy Treasurer

Harry Halme  
Signature

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

ANDREW C. ASK

Name of  Candidate  Chairman (PC/PTY Only)

Andrew C. Ask  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name ANDREW C ASK

(2) ID. Number 941-549-1202  
PVV

(3) Coverage 0.7 P 29.100 dt h 08/21/00 h

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name ANDREW C. ASK

(2) PHONE # 941-549-1202

(3) Cover Period 07129100 through 0811100

(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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
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