

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

(1) DONALD VINCENT CALLAHAN
 Name

OFFICE USE ONLY

(2) 114 90 AVENUE
 Address (number and street)
TREASURE ISLAND, FL 33706-3314
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): MAYOR
- 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

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/05 To 9/30/05 Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0-
 Loans \$ 25.00
 Total Monetary \$ 25.00
 In-Kind \$ 0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0-
 Transfers to Office Account \$ 0-
 Total Monetary \$ 0-

(8) Other Distributions

\$ 0-

(9) TOTAL Monetary Contributions To Date

\$ 25.00

(10) TOTAL Monetary Expenditures To Date

\$ 0-

(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.

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(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

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

X Donald V. Callahan
 Signature

X Donald V. Callahan
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DONALD V. CALLAHAN (2) I.D. Number
 (3) Cover Period 7, 1, 05 through 9, 30, 05 (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					
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name DONALD V. CALLAHAN

(2) I.D. Number

(3) Cover Period 7/1/05 through 9/30/05

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8)	(9)	(10)	(11)
(6) Sequence Number		Transfer Type	Nature of Account	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DONALD V. CALLAHAN (2) I.D. Number —

(3) Cover Period 7/1/05 through 9/30/05 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
7/1/05 7/1/05	DONALD VINCENT CALLAHAN 114 90 AVE. TA. ISLAND, FL 33706- 3314	CASH	RETIRED	CASH			\$25.00
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