CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Theodore V. McDermott, JR	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	14435 Silver Lakes Cir	Submitted on:							
	Address (number and street)	10/7/2014 09:20:10 (eastern)							
	Port Charlotte,, FL 33953  City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 413							
(4)	_	(6) 15 (415)							
(-)	A) Check appropriate box(es):    Candidate Office Sought: Riverwood CDD, Group 5 - General Election Only   Political Committee (PC)   Electioneering Communications Org. (ECO)   Check here if PC or ECO has disbanded   Party Executive Committee (PTY)   Check here if PTY has disbanded   Independent Expenditure (IE) (also covers an individual making electioneering communications)								
	(5) Report	dentifiers							
Cove	er Period: From 9 / 27 / 2014 To	10 / 3 / 2014 Report Type: G4							
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , 0 . 00	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota In-Ki	I Monetary \$,,,00	Total Monetary \$ , , _10 . 00							
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$ , , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$,,,,,								
(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)  Individual (only for IE									
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Theodore V. McDermott, JR (2) I.D. Number 413							
(3) Cover Perio	9/27/2014 od/////	thro	1 ough	0/3/2014	(4) Pag	e	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)  Contributor  Type Occupation		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
f f							
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	heodo	re V. N	<i>IcDerm</i>	ott, JR			 (2) I.D. Nun	nber	4	113	300
		9/27/2	014		10/3/2	014		-			
(3) Cover Pe	eriod	1	1	through	1	1	(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
9/30/2014	Charlotte State Bank, 1100 Tamiami Trail Port Charlotte, FL 33953	monthly svc. fee	МО		\$10.00
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