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) Port Charlotte,, FL 33953	6/1/2014 12:37:02 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 413						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>Riverwood CDD</u>, <u>Group 5 - General Election Only</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2014</u> To	5 / <u>31</u> / <u>2014</u> Report Type: <u>M5</u>						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 0 . 00	Monetary Expenditures \$, , _10 . 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,0 00						
Total Monetary \$	Total Monetary \$, , <u>10</u> . <u>00</u>						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>100</u> · <u>00</u>	\$,, <u>23</u> . <u>60</u>						
(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) (Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				nott, JR (2) I.D. Number 413			
	5/1/2014		5	/31/2014		_	
(3) Cover Perio	od / /	thro	bugh	I I	(4) Page	e	of
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
					5		
1 1	_						
1 1	-						
1 1							
1 1	_						
1 1							
1 1							
1 1							
1 1							
	1						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Theo	CAMPAIGN TREASURER' dore V. McDermott, JR		EXPENDITURES P. I.D. Number		413	
(3) Cover Period	5/1/2014 / through_	5/31/2014	4) Page <u>1</u>	of	1	
(5) Date (6) Sequence Number	(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	
5/31/2014	Charlotte State Bank, 1100 Tamiami Trail Port Charlotte, FL 33953	monthly service fee	МО		\$10.00	
_/ /						
11						
_ / /						
11						
11						
_ / /						

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES