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)	11/6/2014 13:03:48 (eastern)							
	Port Charlotte,, FL 33953  City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 413							
(4)	_	(b) 15 Number.							
(+)	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	Identifiers							
	er Period: From 10 / 31 / 2014 To	2 / 2 / 2015 Report Type: TRG							
× O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$,,,000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$ , , _26 . 40							
In-Ki	and \$,,,000								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\    \_100 \cdot \_00 \\ \$\\   \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\  \_100 \cdot \_00 \\ \$\\ \								
(T)	(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								
X Si	gnature	X Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	heodore V. McDermo	tt, JR	(2) I.D. Number						
(3) Cover Period	10/31/2014	through	2/2/2015 //	(4) Pag	je <u>1</u>	of _0			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)			
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount			
1 1									
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Theodo:	re V. 1	McDerm	ott, JR			 (2) I.D. Num	ber	4	113	and an artist of the second
		10/31/	2014		2/2/2015	5		-			
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
11/6/2014	McDermott, Theodore V 14435 Silver Lakes Circle Port Charlotte, FL 33953	refund balance of contribution to contributor to close account.	МО		\$26.40
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