

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Michael Morris

Name

(2) 21173 Midway Blvd

Address (number and street)

Port Charlotte, FL 33952

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 451

### OFFICE USE ONLY

ONLINE SUBMISSION

[1108295]

Submitted on:

6/14/2016 23:27:54 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: School Board District 5

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2016 To 5 / 31 / 2016 Report Type: M5

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 20 . 00

Loans \$        , 1 , 300 . 00

Total Monetary \$        , 1 , 320 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 43 . 22

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 43 . 22

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 445 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 99 . 09

### (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 or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Michael Morris (2) I.D. Number 451  
 5/1/2016 5/31/2016  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 1

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number						
5/10/2016 / /	Morris, David Michael 21173 Midway Blvd Port Charlotte, FL 33952	I food service worker	CA			\$20.00
1						
5/12/2016 / /	Morris, David Michael 21173 Midway Blvd Port Charlotte, FL 33952	I food service worker	LO			\$1,300.00
2						
/ /						
/ /						
/ /						
/ /						
/ /						

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Michael Morris

(2) I.D. Number 451

(3) Cover Period 5/1/2016 through 5/31/2016

(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
5/2/2016 / /	BB&T, 1299 N Sumter Blvd North Port, FL 34286	online banking fee	MO		\$5.00
1					
5/9/2016 / /	Vistaprint, 275 Wyman Street Waltham, MA 02451	business cards	MO		\$38.22
2					
/ /					
/ /					
/ /					
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