

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

(1) Derek Washington W/D  
**Name**

(2) 9371 Cumberland Isle Dr.  
**Address (number and street)**

Jacksonville, FL 32257  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

**Candidate (office sought):** City Council District 5

**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**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1027594]

Submitted on:  
3/2/2011 16:15:18 (eastern)

(3) **ID Number:** 282

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/1/2010 To 3/7/2011 Report Type TR-15

**Original**     **Amendment**     **Special Election Report**     **Independent Expenditure Report**

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 0.00

Loans    \$ 0.00

Total Monetary    \$ 0.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 42.00

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 42.00

(8) **Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 100.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 102.00

**(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 electioneering commun.)**     **Treasurer**     **Deputy Treasurer**

**X**

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

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

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Derek Washington W/D (2) I.D. Number 282

10/1/2010 through 3/7/2011

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

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

(1) Name Derek Washington W/D

(2) I.D. Number 282

(3) Cover Period 10/1/2010 through 3/7/2011

(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
3/1/2011 //	we make the shirts, 5301 Norwood Ave Jacksonville, fl 32208	t shirts	MO		\$42.00
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