CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Pat Lockett-Felder	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	P.O. Box 77219	Submitted on:							
	Address (number and street)  Jacksonville, FL 32218	8/12/2015 15:10:37 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 552							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: City Council District 8</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	dentifiers							
	er Period: From 3 / 20 / 2015 To	3 / 27 / 2015 Report Type: <u>G1</u>							
0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$ , , 0 . 00	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,	Total Monetary \$ ,1 , 200 . 00							
In-Ki	ind \$,, <u>0</u> .00	(8) Other Distributions							
		\$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(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    Deputy Treasurer								
X		X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Pat Lockett-Felder			(2) I.D. Number 552				
(3) Cover Peri	3/20/2015 od///	thro	ough	/27/2015 ///	(4) Pag	e <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution	In-kind Description	Amendment	Amount	
Number	City, State, Zip Code	туре	Occupation	Туре	Description	Amendment	Amount	
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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	Pat	Lockett-	Felder				 (2) I.D. Nun	nber	5	552	
		3/20/2	2015		3/27/20	015					
(3) Cover P	erio	d /	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
3/24/2015	Taylor, Alecia Alta Dr. Jacksonville, Fl 32218	food for event	МО	Delete	\$600.00
1					
3/24/2015	Taylor, Alecia Alta Dr. Jacksonville, Fl 32218	food for event	МО	Add	\$0.00
3/24/2015	Taylor, Alecia 12239 Whitling Ct. Jacksonville, Fl 32218	food for event	МО	Delete	\$600.00
3/24/2015	Taylor, Alecia 12239 Whitling Ct. Jacksonville, Fl 32218	food for event	МО	Add	\$0.00
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/ / / DS-DE 14 (Rev					