	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Nate McLaughlin	OFFICE USE ONLY					
( · /	Name	ONLINE SUBMISSION					
(2)	121 Pine Lakes Pkwy N Apt 209	[1081497]					
	Address (number and street)	Submitted on:					
	Palm Coast, FL 32137	11/8/2014 08:13:36 (eastern)					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 271					
(4)	(4) Check appropriate box(es):						
	☐ Candidate Office Sought: County Commis	sion District 4					
	Political Committee (PC)						
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	<ul><li>☐ Party Executive Committee (PTY)</li><li>☐ Independent Expenditure (IE) (also covers an</li></ul>	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)	_ officer field if the other in of new reports will be filled					
		Identifiers					
Cove	er Period: From $3 / 1 / 2014$ To	3 / 31 / 2014 Report Type: _M3					
0	riginal Amendment	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	n & Checks \$,,,000	Expenditures \$ , , 0 . 00					
	Φ						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to					
MADE IN THE STATE OF THE STATE	Φ 0.00	Office Account \$ , , 0 . 00					
Tota	I Monetary \$ , ,000	Total Manadama (A)					
	•	Total Monetary \$ , , 0 . 00					
In-Ki	nd \$ , , 0 . 00						
		(8) Other Distributions					
		\$ , , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, _17_, 915 . 00	\$, <u>16</u> , 963. 39					
		ification					
	It is a first degree misdemeanor for any pers	on 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:							
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
х		X					
	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number						
	3/1/2014		3	/31/2014					
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	a 1	of		
				1	r				
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	ر (	ontributor	Contribution	In-kind				
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 Nate McLaughlin (2) I.D. Number 271										
	3/1/2014 3/3 /through	31/2014	, 1) Page <u>1</u>		0					
(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					
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