

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark Richter  
 Name

(2) 5814 Ironwood Ave  
 Address (number and street)

Bunnell, FL 32110  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1081927]

Submitted on:  
 11/17/2014 09:33:45 (eastern)

Check here if address has changed

(3) ID Number: 274

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 4
- 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)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 2 / 2014 To 8 / 8 / 2014 Report Type: P6

Original  Amendment  Special Election 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 \$        ,        , 2 . 88

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 2 . 88

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 3 , 390 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 3 , 268 . 94

### (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 Mark Richter (2) I.D. Number 274

8/2/2014 through 8/8/2014

(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

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

(1) Name Mark Richter

(2) I.D. Number 274

(3) Cover Period 8/2/2014 through 8/8/2014

(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
(6) Sequence Number					
8/8/2014 //	SunTrust Bank, 15 Pine Cone Dr Palm Coast , FL 32137	transaction fee	MO	Add	\$2.88
1					
//					
//					
//					
//					
//					
//					
//					