CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Michael McElroy	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	839 Westlake Dr	[1074272]								
	Address (number and street)	Submitted on:								
	Palm Coast, FL 32174	8/22/2014 17:40:09 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 276								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: School Board District 4 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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								
Cove	er Period: From <u>8</u> / <u>9</u> / <u>2014</u> To	8 / 21 / 2014 Report Type: <u>P7</u>								
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , ,000	Monetary								
Loar		Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$, , 0 . 00	Total Monetary \$, , , _64 . 76								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>8</u> , <u>400</u> . <u>00</u>	\$, <u>8</u> , <u>214</u> . <u>92</u>								
_(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) (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael McElroy				2) I.D. Numbe	r2	76
	8/9/2014			/21/2014			
(3) Cover Perio	od///	thro	ough	<i>l l</i>	(4) Page	a <u>1</u>	of ⁰
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		•
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
I I							
I = I							
1 1							
8							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Michael	McElr	oy			100	 (2) I.D. Nun	nber	2	276	
	8	3/9/20	14		8/21/20	014	**				
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
8/15/2014	<pre>publix, old dixie highway ormond beach, fl 32174</pre>	refreshments for meet and greet	MO	Delete	\$20.38
8/18/2014	racetrac, palm coast parkway palm coast, fl 32137	gasoline	МО	Delete	\$44.38
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DS-DE 14 (Rev.	Turn V				