

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Lawrence

Name

(2) 55 Front St

Address (number and street)

Palm Coast, FL 32137

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 286

(4) Check appropriate box(es):

☒ Candidate Office Sought: Grand Haven CDD Seat 5

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY  
ONLINE SUBMISSION  
[1078022]

Submitted on:  
10/6/2014 15:30:56 (eastern)

### (5) Report Identifiers

Cover Period: From 9 / 27 / 2014 To 10 / 3 / 2014 Report Type: G4

☒ 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 \$        ,        , 200 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 476 . 71

### (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 Tom Lawrence (2) I.D. Number 286  
 (3) Cover Period 9/27/2014 through 10/3/2014 (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tom Lawrence

(2) I.D. Number 286

(3) Cover Period 9/27/2014 through 10/3/2014

(4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|------------------|--|--|----------------------------|-------------------|----------------|
| 9/29/2014<br>/ / | Graphic Impressions,<br>1 Eagle Harbor Trail<br>Palm Coast, FL 32164                           | signs  | MO                         |                   | \$200.00       |
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