	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Republican Club of Northwest Florida	OFFICE USE ONLY					
``	Name	ONLINE SUBMISSION					
(2)	3175 Parrish Street	Submitted on:					
	Address (number and street)	2/6/2014 13:27:37 (eastern)					
	Cottondale, FL 32431						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 182					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	☑ Political Committee (PC) ☐ Election enting Communications Org. (ECO)	neering Communications Org. (ECO)					
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded ☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove	er Period: From $\frac{1}{1}$ / $\frac{2014}{1}$ To						
		ecial Election Report					
		I .					
(6)	Contributions This Report	(7) Expenditures This Report					
0 1	\$ 50.00	Monetary Expenditures \$, , 0 . 00					
Casi	h & Checks \$, , , 00	Expenditures \$, , 0 . 00					
Loan	ns \$, , 0.00	Transfers to					
		Office Account \$, , 0 . 00					
Total	ll Monetary \$, , 50 . 00						
		Total Monetary \$, , _ 0 . 00					
In-Ki	ind \$,,,_0.00						
		(8) Other Distributions					
		\$,,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
. ,	\$,, 111 . 00	\$, , 250. 00					
	(11) Cert It is a first degree misdemeanor for any perso						
		. , ,					
ΙC	certify that I have examined this report and it is true, corre	ect, and complete:					
_(T)	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Republican Club of Northwest Florida (2) I.D. Number 182							
	1/1/2014			/31/2014				
(3) Cover Perio	od//	thro	ough	11	(4) Page	1	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 Type	In-kind Description	Amendment	Amount	
1/4/2014	Harrison, C. Creshill P.O. Box 937 Marianna, FL 32447	Ĭ		СН	dues for mr. and mrs. harrison		\$50.0	
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DS-DE 13 (Rev. 11/1:	3)	SEE RE	EVERSE FOR	NSTRUCTIONS	S AND CODE VALU	JES		

*	olican Club of Northwest 1/1/2014 1	/31/2014				
B) Cover Period _	/through		4) Page <u>1</u>	of _	0	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)	
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount	
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