

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) CECIL L PENDERGRASS

Name

(2) P O BOX 1983, FORT MYERS, FL 33902

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 737

(4) Check appropriate box(es):

Candidate Office Sought: COUNTY COMMISSIONER-2

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

**(5) Report Identifiers**

Cover Period: From 2/1/2014 /     /     To 2/28/2014 /     /     Report Type: M2

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$     ,     ,     . 00

Loans      \$     ,     ,     . 00

Total Monetary      \$     ,     ,     . 00

In-Kind      \$     ,     ,     . 00

**(7) Expenditures This Report**

Monetary Expenditures      \$     ,     ,     . 100

Transfers to Office Account      \$     ,     ,     . 00

Total Monetary      \$     ,     ,     . 100

**(8) Other Distributions**      0.00  
\$     ,     ,     .    

**(9) TOTAL Monetary Contributions To Date**

\$     ,     ,     . 161,170.00

**(10) TOTAL Monetary Expenditures To Date**

\$     ,     ,     . 161,670.00

**(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 CECIL L PENDERGRASS (2) I.D. Number 737

(3) Cover Period 2/1/2014 /      /      through 2/28/2014 /      /      (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
/      /							
/      /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CECIL L PENDERGRASS

(2) I.D. Number 737

(3) Cover Period 2/1/2014 through 2/28/2014

(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					
2/10/2014 / /	FM Little League Association, 1750 Matthew Drive Fort Myers, FL 33907	donation	MON	Add	\$100.00
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