

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) ANDY COY  
Name

(2) 4711 RANDAG DR, NORTH FORT MYERS, FL 33903  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/1/2013 To 10/31/2013 Report Type M10

Original  Amendment  Special Election Report  Independent Expenditure 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 \$ 110.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 110.00

(8) Other Distributions \$ 0.00

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

\$ 3,575.00

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

\$ 711.27

**(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.

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(Type name) \_\_\_\_\_

(Type name) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ANDY COY (2) I.D. Number 751

10/1/2013 through 10/31/2013

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

(1) Name ANDY COY

(2) I.D. Number 751

(3) Cover Period 10/1/2013 through 10/31/2013

(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
10/24/2013 //	Delta Sigma Theta Sorority Inc, 1375 Monroe Street Fort Myers, FL 33901	10/27/2013  campaign event	MO	Add	\$110.00
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