| Candidate (office sought): COUNTY COMMISSIONER-4 Political Committee | FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|--|---|--|--|--|--|--|
| CHECK IF ADDRESS HAS CHANGED (3) ID Number: | Name (2) 1704 NW 24TH PL, CAPE CORAL, FL 33993 | OFFICE USE ONLY 753 | | | | | |
| (4) Check appropriate box(es): Candidate (office sought): COUNTY COMMISSIONER-4 Political Committee | City, State, Zip Code | | | | | | |
| Candidate (office sought): COUNTY COMMISSIONER-4 Political Committee CHECK IF PC HAS DISBANDED Party Executive Committee CHECK IF CCE HAS DISBANDED Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED | CHECK IF ADDRESS HAS CHANGED | (3) ID Number: | | | | | |
| Cover Period: From 7/1/2013 To 9/30/2013 / Report Type Q3 Stronginal Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Cash & Checks \$ 0.00 Loans \$ 100.00 Total Monetary \$ 100.00 In-Kind \$ 0.00 (8) Other Distributions \$ 0.00 (9) TOTAL Monetary Contributions To Date \$ 100.00 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. | X 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 ☐ CHECK IF NO OTHER ELECTIONEERING | | | | | | |
| Soriginal Amendment Special Election Report Independent Expenditure Report | (5) REPORT | 9/30/2013 | | | | | |
| (6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 0.00 Loans \$ 100.00 Transfers to Office Account \$ 0.00 In-Kind \$ 0.00 (8) Other Distributions \$ 0.00 (9) TOTAL Monetary Contributions To Date \$ 100.00 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. | Cover Period: From/ | Report Type Q3 | | | | | |
| Cash & Checks \$ 0.00 Loans \$ 100.00 Total Monetary \$ 100.00 In-Kind \$ 0.00 (8) Other Distributions \$ 0.00 (9) TOTAL Monetary Contributions To Date \$ 100.00 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. | ☑ Original ☐ Amendment ☐ Special Election | Report | | | | | |
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| Total Monetary \$ 100.00 Total Monetary \$ 0.00 In-Kind \$ 0.00 (8) Other Distributions 0.00 (9) TOTAL Monetary Contributions To Date \$ 100.00 (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. | Loans \$ | Account | | | | | |
| (8) Other Distributions (9) TOTAL Monetary Contributions To Date \$ | Total Monetary ———————————————————————————————————— | St. Annual State Co. | | | | | |
| \$ | In-Kind \$ | | | | | | |
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| 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. I certify that I have examined this report and it is true, correct, and complete. | • | | | | | | |
| I certify that I have examined this report and it is true, correct, and complete. I certify that I have examined this report and it is true, correct, and complete. | | | | | | | |
| Individual (only for electioneering commun.) Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY & electioneering commun. organization) | I certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for electioneering commun.) | I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization) | | | | | |
| X Signature Signature | | § 100 900 § 100 900 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | JOSH MCGRAIL | 2) I.D. Number | | | | |
|---------------------------|--|----------------|----------------------|------------------------|-----------|----------|
| 7/1/2013 | | | 9/30/2013 | | | _ |
| (3) Cover Per | iod / / | through | | (4) Pag | je | of |
| (5) Date | (7) Full Name | (8) | (9) | (10) | (11) | (12) |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Contributor | Contribution Type | In-kind Description | Amendment | Amount |
| 9/30/2013 | McGrail, Joshua C 1704 NW 24th Place Cape Coral, FL 33993 | 0 | LO | | | \$100.00 |
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| (1) Name _ ^{JOSH} | CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES 1) Name JOSH MCGRAIL (2) I.D. Number 753 | | | | | | | |
|----------------------------|---|--|---------------------|-----------|--------|--|--|--|
| (3) Cover Period | 7/1/2013 9/30 /through | 0/2013 //(4 | l) Page1 | of _ | 0 - | | | |
| (5) Date | (7) Full Name | (8) Purpose | (9) | (10) | (11) | | | |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount | | | |
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