CAMPAIGN TREASU	IRER'S REPORT SUMMARY
(1) JOSH MCGRAIL	OFFICE USE ONLY
Name (2) 1704 NW 24TH PL, CAPE CORAL, FL 3399	
Address (number and street)	
City, State, Zip Code	
Check here if address has changed	(3) ID Number:753
(4) Check appropriate box(es):	
 ☑ Candidate Office Sought: COUNTY COMI ☐ 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
6/1/2014 (5) Re	port Identifiers 9/18/2014
Cover Period: From / / /	To / / Report Type: _TRQ
☑ Original ☐ Amendment ☐	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, ,0.00	Monetary \$, , 603.15
Loans \$,,,	Transfers to Office Account \$, , °.00
Total Monetary \$,	Total Monetary \$, , 603.15
In-Kind \$,	(8) Other Distributions 0.00
	\$,
(9) TOTAL Monetary Contributions To Date \$,,,,	(10) TOTAL Monetary Expenditures To Date \$,,,,
	Certification person to falsify a public record (ss. 839.13, F.S.) e, correct, and complete:
(Type name)	(Type name)
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	
X	x
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	JOSH MCGRAIL		(2)	I.D. Number	7	753
(3) Cover Period	///	through	9/18/2014	_ (4) Page	(of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1						
J J						
1 1						
J J						
1 1						
/ /						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	SH MCGRAIL		(2) I.D. Number	753	
	6/1/2014	9/18/2014			
(3) Cover Perio	od / /	through / /	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/12/2014	Florida GOP, 420 E Jefferson Street Tallahassee, FL 32301	donate unused campaign funds	DPP		\$503.15
9/15/2014	McGrail, Joshua C 1704 NW 24th PL Cape Coral, FL 33993	repayment of self made loan to open account	REF		\$100.00
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