CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	CECIL PENDERGRASS	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	PO BOX 1983	[1187351]								
	Address (number and street)	Submitted on: 4/28/2019 22:22:57 (eastern)								
	FORT MYERS, FL 33902									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1355								
(4)										
	<ul> <li>☐ County Commissioner-2</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 11 / 2 / 2018 To									
0	riginal 🖺 Amendment 🔲 Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	Cash & Checks \$,, _0 . 00   Monetary   Expenditures \$, _1, 804 . 50									
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00								
	I Monetary \$,,	Total Monetary \$ ,1 , <u>804</u> . <u>50</u>								
In-Ki	nd \$,,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>348</u> , <u>134</u> . <u>00</u>	\$, <u>348</u> , <u>134</u> . <u>00</u>								
	(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)  (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	CECIL PENDERGRASS				2) I.D. Numbe	er <u> </u>	355
	11/2/2018		2	/4/2019		1	0
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
J I							
J J							
1 1							
1 1							
1 1							
J I							
J J							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name CECIL	PENDERGI	RASS				 (2) I.D. Nur	nber	-	1355	
	11/2/201	.8		2/4/201	9					
(3) Cover Period	I	1	through	1	1	(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	
2/4/2019	Newspress, 2442 Dr Martin Luther King Jr Bouler Fort Myers, FL 33901	advertisement wwerpayment received 03/27/19	RE	Add	\$-1,804.50	
2/4/2019	Building Industry Issues SWFL, 8359 Beacon Boulevard Fort Myers, FL 33907	donation	DI	Add	\$1,804.50	
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