CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Gregg Ney	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	411 SW Fairway Landing	Submitted on:							
	Address (number and street)	12/5/2014 15:40:16 (eastern)							
	Port St. Lucie, FL 34986								
	City, State, Zip Code	(2) 17 11							
	Check here if address has changed	(3) ID Number:248							
(4)	Check appropriate box(es):								
		t Services District, Seat 1							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove	er Period: From 10 / 31 / 2014 To								
X O		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(0)	Contributions This Report								
Cach	n & Checks \$ , , 0 . 00	Monetary Expenditures \$ , , 0 . 00							
Casi	To Officers								
Loar	ns \$ , , 0.00	Transfers to							
	<del></del>	Office Account \$ , , 0 . 00							
Tota	I Monetary \$,,0 . 00								
	<del></del> <del></del>	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$,,, <u>0</u> 00								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, 998. 25	\$,, _99825_							
(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:									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
х		X							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number248						
	10/31/2014 od / /		2	/2/2015	(4) Page	<u> </u>	of <sup>0</sup>
(o) cover rem	~ · ·				(+) . ag		-
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	Amendment	A
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
						×	
1 1							
1 1							
1 1							
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 Gregg	Ney	110			 (2) I.D. Nun	nber		248	
	10/31/	2014		2/2/2015		-			
(3) Cover Period		I	through	1 1	 (4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
11/12/2014	Ney, Gregg 411 SW Fairway Lndg	loan reimbursement	DI		\$382.33
1	PSL, FL 23986			ō	
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DS-DE 14 (Rev.	11/13 }			-	