	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Tom Rivers	OFFICE USE ONLY
	Name	ONLINE SUBMISSION [1291388]
(2)	303 Porpoise Point Dr	Submitted on:
	Address (number and street)	1/31/2023 16:10:28 (eastern)
	St Augustine, FL 32084	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:1197
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: Port Waterway	and Beach - Group 5
	Political Committee (PC)	_
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded
	<ul><li>☐ Party Executive Committee (PTY)</li><li>☐ Independent Expenditure (IE) (also covers an</li></ul>	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>
	individual making electioneering communications)	_ oncor here is no other in or no reports will be med
		t Identifiers
Cove	er Period: From $11 / 4 / 2022$ To	2 / 6 / 2023 Report Type: TRG
X O	riginal Amendment Spr	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	n & Checks \$ , , 000	Monetary Expenditures \$,, 111 . 40
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$
Tota	I Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00
		Total Monetary \$ , , <u>111</u> . <u>40</u>
In-Ki	ind \$,,,000	
		(8) Other Distributions
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
(0)	\$, 700 . 00	\$ , , 700.00
	, <u>700</u> · <u>00</u>	,, ,, ,
		tification
	It is a first degree misdemeanor for any pers	son to falsify a public record (ss. 839.13, F.S.)
Ιc	certify that I have examined this report and it is true, corr	rect, and complete:
(T)	ype name)	(Type name)
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		X
	gnature	Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number							
	11/4/2022 od///		2	/6/2023 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Oity, State, 21p Code	Туре	Occupation	Туре	Description	Alleranen	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) NameT	'om	River	s	110				 (2) I.D. Nun	nber	]	L197	
		11	/4/2	022		2/6/20	23	** **	-			
(3) Cover Pe	erioc	ł	1	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
1/30/2023	Rivers, Thomas J 303 Porpoise Point Dr St Augustine, FL 32084	refund to candidate for loan to	MO		\$111.40
1		campaign		0	
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