CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Pat Patterson	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1170852]						
(2) <u>396 Lake Charles Road</u>	Submitted on:						
Address (number and street) DeLand, FL 32724	9/2/2018 09:47:15 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 389						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>County Council Member, District 1</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>8</u> / <u>24</u> / <u>2018</u> To	8/ 31/ 2018 Report Type:						
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>355</u> . <u>44</u>						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,000						
Total Monetary \$	Total Monetary \$, , <u>355</u> . <u>44</u>						
, <u>, , , , , , , , , , , , , , , , , , </u>	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>43</u> , <u>850</u> . <u>00</u>	\$,28_,34009_						
(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 ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Pat Patterson	(2) I.D. Number					89
	8/24/2018	8/31/2018					
(3) Cover Perio	od / /	thro	bugh	1 1	(4) Pag	e 1	of ⁰
					_ () 0	1 1 1	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
				0.816	5		
1 1							
			o				
1 1							
<u>r</u> i	-						
1 1							
1 1	-						
			-				
1 1	-						
1 1	-						
1 1	-						
						-	1
1 1	-						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Pat			D EXPENDIT (2) I.D. Number		389
(3) Cover Period	8/24/2018 d/_/through_	8/31/2018 //	(4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/31/2018 1	County of Volusia, 123 W Rich Ave DeLand, FL 327200000	data services	MO		\$75.00
8/31/2018 2 2	Office Depot, 1138 Saxon Blvd Orange City, FL 327630000	mailing labels and stamps	MO		\$280.44
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_/ /					
_/ /					
_/ /					
_/ /					
11					

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