CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Pat Patterson	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1148681]						
(2) <u>396 Lake Charles Road</u>	Submitted on:						
Address (number and street) DeLand, FL 32724	2/2/2018 16:14:02 (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) 							
(5) Report Identifiers							
Cover Period: From <u>1</u> / <u>1</u> / <u>2018</u> To	0 <u>1</u> / <u>31</u> / <u>2018</u> Report Type: <u>M1</u>						
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,1 , <u>000</u> . <u>00</u>	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,0.00						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
	(8) Other Distributions						
	\$,,0.						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>8</u> , <u>200</u> . <u>00</u>	\$,, <u>314</u> . <u>10</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 ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Pat Patterson</u>			(2) I.D. Number					
	1/1/2018		1	/31/2018				
(3) Cover Per	iod / /	thr			(4) Pag	e _1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1/15/2018 / /	Glenn D Storch, P.A., 420 S Nova Rd Daytona Beach, FL 321140000		attorney	CH			\$250.0	
1/15/2018 / / 2	Republics Services of Florida , 8619 Western Way Jacksonville, FL 322560000	В	waste management services	СН			\$750.0	
/ /	_							
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				
(3) Cover Period	1/1/2018 1/through	1/31/2018 //	(4) Page <u>1</u>	of_	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought i contribution to a candidate)	(9) f Expenditure Type	(10) Amendment	(11) Amount
11					
_ / /					
_/ /					
//					
//					
11					
11					

DS-DE 14 (Rev. 11/13)

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