CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Pat Patterson	OFFICE USE ONLY							
Name	ONLINE SUBMISSION							
(2) 396 Lake Charles Road	Submitted on:							
Address (number and street)	9/30/2017 23:14:02 (eastern)							
DeLand, FL 32724 City, State, Zip Code								
Check here if address has changed	(3) ID Number: 389							
(4) Check appropriate box(es):								
Candidate Office Sought: <u>County Counc</u>	il Member, District l							
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
Party Executive Committee (PTY)	Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an individual matrices cleation actions)	☐ Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From 9 / 1 / 2017 To	0 9 / <u>30</u> / <u>2017</u> Report Type: <u>M9</u>							
☐ Original	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, ,000	Expenditures \$,, <u>17</u> .00							
¢ 0.00								
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
	Office Account \$, , , 0 . 00							
Total Monetary \$,,,	Total Monetary \$. 17.00							
In-Kind \$,,0.00	Total Monetary \$, , <u>17</u> . <u>00</u>							
φ,,	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>600</u> . <u>00</u>	\$,, <u>179</u> . <u>00</u>							
(11) Ce	rtification							
(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, co	rrect, and complete:							
(Type name)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Pat Patterson</u> (2) I.D. Number <u>389</u>							89
	9/1/2017	9/30/2017					
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				(N) 583 60 2 0		
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Pat	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURESPatterson(2) I.D. Number389								
	9/1/2017 9/3 I/ through	30/2017 _//(4	4) Page <u>1</u>	of	1				
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)				
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount				
9/1/2017	Bank Of America, P O BOX 672084 Dallas, TX 752670000	monthly fee	МО		\$17.00				
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11									

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES