

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Patrick J McGavock
 Name
 (2) 1871 SW Palm City Road; #G-102
 Address (number and street)
Stuart, FL 34994
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
 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 making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 20 / 16 To 08 / 26 / 16 Report Type: 67

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1,278.61
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2,625.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2,344.14

(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) Diane G Kozuch
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Diane G Kozuch
 Signature

(Type name) Patrick J McGavock
 Candidate Chairperson (only for PC and PTY)

X Patrick J McGavock
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name PATRICK J Mc GAYOCK

(2) I.D. Number _____

(3) Cover Period 08, 20, 16 through 08, 26, 16

(4) Page _____ of _____

| (5) Date | (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 |
|---------------------------|--|--|----------------------------|-------------------|-----------------------|
| (6) Sequence Number | | | | | |
| 08/22/16 | WILLIAM D MASONER 129 SW WIND CIR PORT ST LUCIE, FL 34953 | MAILERS | CAN | | \$1278. ⁶¹ |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Patrick McGavock (2) I.D. Number _____

(3) Cover Period 08, 20, 16 through 08, 26, 16 (4) Page _____ of _____

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|---|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | Amendment | Amount |
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