

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) PATRICK MCGAVOCK for Stuart City Commission Group?  
Name

(2) 1071 SW Palm City Rd G-102  
Address (number and street)

Stuart, FL 34996  
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)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 7/1/16 To 7/15/16 Report Type: \_\_\_\_\_

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ . 0

Loans \$ \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ . 0

In-Kind \$ \_\_\_\_\_ . 0

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ . 0

Transfers to Office Account \$ \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ . 0

### (8) Other Distributions

\$ \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 200 . \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 141 . 28

### (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. KOZDUCH  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

Diane G. Kozduch  
Signature

(Type name) PATRICK MCGAVOCK  
 Candidate  Chairperson (only for PC and PTY)

Patrick McGavock  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name PATRICK McGAHON for Stuart City Commission (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 1 1 1 16 through 7 1 15 1 16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Patrice McLawrence for Street City Commission (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/1/16 through 7/15/18 (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
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