

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) David L. Morgan  
Name

(2) 2400 Hyde Park Street  
Address (number and street)

Sarasota, FL 34239  
City, State, Zip Code

OFFICE USE ONLY

**RECEIVED**

**MAY 5 2015**

**City Auditor & Clerk**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Sarasota City Commission District 2

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 3 / 4 / 15 To 3 / 28 / 15 Report Type FINAL

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ Ø

Loans \$ Ø

Total Monetary \$ Ø

In-Kind \$ Ø

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 4,643.22

Transfers to Office Account \$ Ø

Total Monetary \$ 4,643.22

(8) Other Distributions \$ \_\_\_\_\_

(9) TCTAL Monetary Contributions To Date  
\$ 6,095.00

(10) TOTAL Monetary Expenditures To Date  
\$ 6,095.00

**(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.

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(Type name) D. Scott Stuart

(Type name) David L. Morgan

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]

**X** [Signature]

Signature

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name David L. Morgan

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 3 / 4 / 15 through 3 / 28 / 15

(4) Page 1 of 1

(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
3/8/15	Gravis Marketing Inc 910 Belle Ave Suite 1042 Winter Springs, FL 32708	Robo Calls	MON		800.00
1					<del>800.00</del> <del>175000.00</del>
3/9/15	FedEx Kinkos 1901 S Tamiami Trl Sarasota, FL 34239	Printing of Flyers	MON		262.15
2					
3/12/15	Gravis Marketing Inc 910 Belle Ave Suite 1042 Winter Springs, FL 32708	Robo Calls	MON		1,300.00
3					
3/28/15	Dave Morgan 2400 Hyde Park St Sarasota, FL 34239	Reimburse 3/6 Printing @ Staples for post card mailer	MON		655.80
4					
3/28/15	Dave Morgan 2400 Hyde Park St Sarasota, FL 34239	Reimburse 3/7 Postage @ USPS for post card mailer	MON		1,190.00
5					
3/28/15	Dave Morgan 2400 Hyde Park St Sarasota, FL 34239	Re Pay Loan from 1/2/15	MON		200.00
6					
3/28/15	Dave Morgan 2400 Hyde Park St Sarasota, FL 34239	Re Pay Loan from 1/9/15	MON		200.00
7					
3/28/15	Sarasota Kiwanis Foundation P.O. Box 2888 Sarasota, FL 34230	Disposition of funds by charitable donation	DIS		35.27
8					

**CONTRIBUTIONS RETURNED**

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

**OFFICE USE ONLY**

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: David L Morgan

Full Address: 2400 Hyde Park Street, Sarasota, FL 34239

Full Name and Address of Contributor:

Biter Enterprises LLC  
1233 N Gulfstream Ave PH 1  
Sarasota, FL 34236-8953

Amount of Contribution: \$ 200.00

Date Received: 3 / 5 / 15

Date Returned: 3/28/15

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

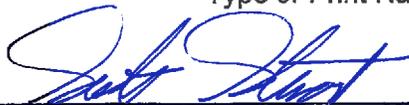
Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

D. Scott Stuart

Type or Print Name of Candidate, Treasurer or Chairman

X 

Signature