CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Deb Moore	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	PO Box 12411	[1066282]								
	Address (number and street)	Submitted on:								
	Pensacola, FL 32591	6/27/2014 11:26:08 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:482								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: County Commissioner, District 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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								
Cove	er Period: From 6 / 1 / 2014 To	6 / 20 / 2014 Report Type: P1								
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$, , ,000	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 0 . 00	Total Monetary \$, 4 ,497 .22								
In-Ki	nd \$, , <u>86</u> . <u>00</u>									
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>4</u> , <u>633</u> . <u>22</u>	\$, <u>4</u> , <u>583</u> . <u>22</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:										
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Sic	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Deb Moore				2) I.D. Numbe	er <u>4</u>	82
	6/1/2014		6	/20/2014		-	-
(3) Cover Peri	od / /	thro	ough	<i>ll</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/19/2014	Moore, Deborah 401 Port Royal Way Pensacola, Fl 32502	Š		IK		Add	\$86.0
1							
/ /							
1 1							
j j	-						
f I							
1 1							
/ 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deb Mo	oore					(2) I.I	D. Nun	nber		482	300
	6/1/203	14		6/20/20)14						
(3) Cover Period	I	1	through	1	1	(4) P	age	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/19/2014	Moore, Deborah 401 Port Royal Way Pensacola, Fl 32502	us post office box	PW	Delete	\$86.00
1					
6/20/2014	BOCC, PO BOX 1591 Pensacola, Fl 32591	qualifying fee	МО	Add	\$4,583.22
2					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.					