	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Stacie Galbreath	OFFICE USE ONLY						
(2)	Name	ONLINE SUBMISSION [1186100]						
(2)	Address (number and street)	Submitted on:						
	Address (number and street) Parker, FL 32404	3/22/2019 13:39:04 (eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 450						
(4)	Check appropriate box(es):							
•	☐ Candidate Office Sought: Parker Counc	il Member Seat 4						
	Political Committee (PC)	Charlebour # DO as FOO has disheaded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) [☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 3 / 9 / 2019 To	3 / 15 / 2019 Report Type: M25D						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
1000 36		Monetary						
Cash	h & Checks \$, , ,000	Expenditures \$, , <u>330</u> . <u>00</u>						
Loar	ns \$, , 0.00	Transfers to						
LUai	ıs	Office Account \$, , 0 . 00						
Tota	ıl Monetary \$, , 0 . 00	,, , , <u></u>						
		Total Monetary \$, , 330 . 00						
In-Ki	ind \$, , 0 . <u>00</u>							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>5</u> , <u>200</u> . <u>00</u>	\$,, <u>780</u> . <u>01</u>						
	(44) 0-4							
(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) (Type name)								
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)							
X		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Stacie Galbreath				2) I.D. Numbe	er <u>4</u>	50
	3/9/2019 od///		3	/15/2019 / /	(4) Pag	e ¹	of ⁰
					Г	7	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	_					
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Stacie	Galbre	eath				 (2) I.D. Nun	nber	4	150	300
		3/9/20	19		3/15/20	19					
(3) Cover F	Period	I	1	through	1	1	(4) Page	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
3/11/2019	United States Post Office, 1315 W 17th Street Panama City, FL 32405	postage	МО		\$330.00
1				5	
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