

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Denise Coyle  
 Name  
 (2) 1898 Delaware St. NW  
 Address (number and street)  
Palm Bay, FL 32907  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1082597]

Submitted on:  
 12/2/2014 00:19:39 (eastern)

Check here if address has changed (3) ID Number: 506

(4) Check appropriate box(es):

Candidate Office Sought: School Board, District 5

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 6 / 21 / 2014 To 7 / 4 / 2014 Report Type: P2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , -10 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , -10 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , -1 . 09

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , -1 . 09

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 11 , 890 . 52

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 11 , 423 . 06

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

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Denise Coyle (2) I.D. Number 506

6/21/2014 through 7/4/2014

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

(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
7/1/2014 / /	Elton, Tami 1030 Ne Bianca Dr Palm Bay, fl 32905	I	teacher	CA		Delete	\$10.00
1							
7/1/2014 / /	Elton, Tami 1030 Ne Bianca Dr Palm Bay, fl 32905	I	teacher	CA		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Denise Coyle

(2) I.D. Number 506

(3) Cover Period 6/21/2014 through 7/4/2014

(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
(6) Sequence Number					
6/30/2014 / /	We Pay, 380 Portage Avenue Palo Alto, ca 94306	processing fee	MO	Delete	\$1.09
1					
6/30/2014 / /	We Pay, 380 Portage Avenue Palo Alto, ca 94306	processing fee	MO	Add	\$0.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					