	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Denise Coyle	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1898 Delaware St. NW							
	Address (number and street)	Submitted on:						
	Palm Bay, FL 32907	8/21/2014 22:54:58 (eastern)						
	City, State, Zip Code							
	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						
	_ , , ,	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						
Cov	er Period: From 8 / 9 / 2014 To							
	Original X Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Continuations This Report							
2 1	200 00	Monetary Expenditures \$, , 214 . 00						
Casi	h & Checks \$,, 200 . 00	Expenditures \$, , <u>214</u> . <u>00</u>						
Loar	ns \$, , 0.00	Transfers to						
LUai	· · · · · · · · · · · · · · · · · · ·							
Tato	\$ 200 00	Office Account \$, , , 0 . 00						
10เล	al Monetary \$,, <u>200</u> . <u>00</u>	Total Monetary \$. 214 . 00						
	Φ 0.00	Total Monetary \$, , 214 . 00						
In-Ki	find \$,,,000							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(3)	•							
	\$, <u>6</u> , <u>195</u> . <u>00</u>	\$, <u>5</u> , <u>735</u> . <u>84</u>						
	(11) Cert	tification						
	It is a first degree misdemeanor for any person							
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Denise Coyle	(2) I.D. Number							
	8/9/2014			/21/2014					
(3) Cover Perio	od//	thro			(4) Pag	e 1	of 1		
1000 98			1900						
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
0 /01 /001 /	Mikitarian,	I	teacher	CH	2	Add	\$200.0		
8/21/2014	Elizabeth 3640 Fox Wood Dr								
	Titusville, fl 32708								
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y 5									
1 1									
1 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 _	Denise	Coyle					 (2) I.D. Nun	nber	5	506	
		8/9/20	14		8/21/20	14					
(3) Cover P	eriod	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
8/19/2014	Space Coast Tiger Bay , P.O. Box 372262 Satellite Beach, fl 32937	tickets to hob	MO	Add	\$175.00
8/19/2014	Chase Bank, 115 Palm Bay Rd NE palm bay, Fl 32905	bank fee	MO	Add	\$34.00
8/9/2014	Coyle, Aubrey	lunch volunteer	MO	Add	\$5.00
3	3951 S Kernan BÎvd Jacksonville, fl 32224				
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