	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Katye Campbell	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1145998]						
(2)	1737 Attilburgh Blvd.	Submitted on:						
	Address (number and street)	11/7/2017 10:09:05 (eastern)						
	West Melbourne, FL 32904							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:707						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board,	District 5						
	Political Committee (PC)	Charlebone # DC av ECO has disbonded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded						
		☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) P (
		dentifiers						
Cove	er Period: From 10 / 1 / 2017 To	10 / 31 / 2017 Report Type: M10						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$, , ,000	Expenditures \$, , 0 . 00						
	f 500 00							
Loar	ns \$,, <u>500</u> . <u>00</u>	Transfers to						
	7 500 00	Office Account \$, , , 0 . 00						
Tota	al Monetary \$, , <u>500</u> . <u>00</u>							
		Total Monetary \$, , 0 . 00						
In-Ki	ind \$,, <u>11</u> . <u>88</u>							
	,	(8) Other Distributions						
	1	\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(5)	\$,, _50000	\$, , 0. 00						
	Ψ, <u></u> , <u></u>	Ψ , , <u></u> . <u></u> .						
	(11) Cert	tification						
	It is a first degree misdemeanor for any person							
Ιc	certify that I have examined this report and it is true, corre	rect, and complete:						
/ T:		(Time name)						
-	Type name) Individual (only for IE Treasurer Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)	Granperson (only for Fo and First)						
Х		X						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Katve Campbell					(2) I.D. Number					
	1	0/1/20	17		10/31	/2017				
(3) Cover Perio	od	1	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

	3	T		Y		T T	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
10/30/2017	Campbell, Katye 1737 Attilburgh Blvd West Melbourne, FL 32904	S	teacher	LO	51		\$500.00
1							
10/26/2017	Campbell, Katye 1737 Attilburgh Blvd West Melbourne, FL 32904	S		IK	website		\$11.8
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	Campbell 10/1/2017	10	0/31/2017	•) I.D. Number	-	
) Cover Period _		through	<u></u>	(4)) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	Full N Full N (Last, Suffix, Street Ad City, State	lame First, Middle) Idress &	(8) Purpose (add office sou contribution t	ght if to a	(9) Expenditure Type	(10) Amendment	(11)
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