CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Yvonne Elaine Minus	OFFICE USE ONLY				
• •	Name	ONLINE SUBMISSION [1302427]				
(2)	3111 Swift Dr	Submitted on:				
	Address (number and street)	1/10/2024 10:07:32 (eastern)				
	Melbourne, FL 32901 City, State, Zip Code					
		(2) ID Mussahasi				
/ 4\	Check here if address has changed	(3) ID Number: 976				
(4)	Check appropriate box(es):	· District 2				
		sioner, District 3				
		☐ Check here if PC or ECO has disbanded				
	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	dentifiers				
Cov	ver Period: From 10 / 1 / 2023 To	12 / 31 / 2023 Report Type: Q4				
X O	Original Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
		Monetary				
Casl	h & Checks \$, , <u>200</u> . <u>00</u>	Expenditures \$, , 0 . 00				
48	ф 0.00					
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$				
Tato	\$ 200 00	Office Account \$, , , 0 . 00				
Tota	al Monetary \$, , <u>200</u> . <u>00</u>	Total Monetary \$. 0 . 00				
In-Ki	ind \$, , 0.00	Total Monetary \$, , , 0 . 00				
III-r\	ind Ψ,, <u>σ</u> . <u>σσ</u>	(8) Other Distributions				
		(8) Other Distributions \$, , 000_				
		,,,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,, <u>200</u> 00	\$, , <u>0</u> . <u>00</u>				
	(11) Cor	4:5:4:				
(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)				
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
v						
<u>X</u>	ignature	X Signature				
. OI	analure ,	i Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number976						
10/1/2023			12/31/2023			
(3) Cover Perio	od / /	through	11	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/31/2023	Minus, Yvonne 3111 Swift Street Melbourne, FL 32901	I candidate	СН			\$200.0
1						
1 1						
1 1						
1 1						
1 1						
1 1						
1 1						
, ,						

	e Elaine Minus 10/1/2023 12	2/31/2023	2) I.D. Number	· :	
) Cover Period	/through	_//(4	4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(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)	(11)
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OS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES								