CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Jane Gentile-Youd	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	3 Magnolia Dr. N	Submitted on:								
	Address (number and street)	11/2/2018 21:39:08 (eastern)								
	Ormond Beach, Fl 32174									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 419								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: County Commission District 4</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cov	er Period: From 10 / 20 / 2018 To									
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	h & Checks \$ , , , 000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
	Il Monetary \$,,,000	Total Monetary \$ ,1 , <u>777</u> . <u>60</u>								
In-Ki	ind \$ , , , 0 . 00	(0) Other Distribution								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(T	(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									
X		X								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Jane Gentile-Youd	(2) I.D. Number							
	10/20/2018		1	1/1/2018					
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e <u>1</u>	of		
*									
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor	Contribution	In-kind		•		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
J I									
4									
1 1									
1 1									
8					:				
1									
E E									
1									
Ε Ε									
J I									
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 Jar	ie	Gentile-Y	oud.				 (2) I.D. Nun	nber	4	119	
		10/20/2	018		11/1/2	2018					
(3) Cover Perio	bc	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/21/2018	Ocenshore Graphics, 501 N. Daytona Ave Flagler Beach, fl 32136	signs and hangers	МО	Add	\$267.60
1 10/29/2018 / / 2	WNZF Radio, 2405 East Moody Blvd Bunnell, fl 32110	paid ads in advance	МО	Add	\$755.00
10/30/2018	Gentile-Youd, Jane 3 Magnolia Drive North Plantation Bay Ormond Beach, Fl 32174	reimbursement for prepaid ads canceled	RM	Add	\$755.00
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DS-DE 14 (Rev.					