CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Maria Barbosa	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1064316]						
(2)	17 Angela Dr	Submitted on:						
	Address (number and street)	6/6/2014 09:17:47 (eastern)						
	Palm Coast, FL 32164							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:277						
(4)	Check appropriate box(es):							
	Candidate Office Sought: School Board	District 1						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 5 / 1 / 2014 To	5 / 31 / 2014 Report Type: M5						
ĭ o	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-)		Monetary						
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 44 . 90						
Loar	ns \$,,,000	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , ,0 . <u>00</u>							
		Total Monetary \$, , 44 . 90						
In-Ki	ind \$,, <u>0</u> . <u>00</u>							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, _ 4_, _00000	\$, <u>3</u> , <u>180 . 34</u>						
	(11) Cert It is a first degree misdemeanor for any pers	tification						
		, , , ,						
l c	certify that I have examined this report and it is true, corr	ect, and complete:						
_(T	ype name)	_(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Maria Barbosa	(2) I.D. Number 277								
(0) C D:	5/1/2014	th re	5	/31/2014	(A) D-	sz 1	 0			
(3) Cover Peri	od//		ougn	<i>L L</i>	(4) Pag	le	OI			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)			
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	***************************************				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
J I	-									
J I										
1 1										
J I										
1 1										
J J										
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 _1	Maria	Barbo	sa	131				***************************************	-	 (2) I.D. Nu	ımb	er_		277	
		5/1/2	01	4			5/31	/201	4	-	•					
(3) Cover Po	eriod	1		1	thro	ugh	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
5/12/2014	Flagler County SOE, 1769 Moody Bvld Bunnell, Fl 32110	petition verification	MO		\$29.10
5/19/2014	Flagler County SOE, 1769 Moody Bvld Bunnell, Fl 32110	petition verification	МО		\$13.50
5/19/2014	Flagler County SOE, 1769 Moody Bvld Bunnell, Fl 32110	petition verification	МО		\$2.30
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