

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Maria Barbosa  
 Name  
 (2) 65 Boston Ln.  
 Address (number and street)  
Palm Coast, fl 32137  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1094701]

Submitted on:  
 12/8/2015 13:35:42 (eastern)

Check here if address has changed (3) ID Number: 328

(4) Check appropriate box(es):

Candidate Office Sought: School Board District 5

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 11 / 1 / 2015 To 11 / 30 / 2015 Report Type: M11

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        , 4 , 000 . 00

Total Monetary \$        , 4 , 000 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 4 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 0 . 00

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name     Maria Barbosa     (2) I.D. Number     328    

(3) Cover Period     11/1/2015     through     11/30/2015     (4) Page     1     of     1    

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type    Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/13/2015 / /	barbosa, Maria P 65 Boston Ln Palm Coast, FL 32137	I	self employee/b usiness	LO			\$4,000.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Maria Barbosa

(2) I.D. Number 328

(3) Cover Period 11/1/2015 through 11/30/2015

(4) Page 1 of 0

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
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