	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Florence Fruehan	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	15 Flagship Dr	Submitted on:						
	Address (number and street)	2/8/2017 14:32:05 (eastern)						
	Palm Coast, Fl							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:348						
(4)	Check appropriate box(es):							
		Mosquito Control District Seat 3						
	Political Committee (PC)	Charle have if DC as ECO has dishanded						
		☐ Check here if PC or ECO has disbanded☐ 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	dentifiers						
Cove	er Period: From 11 / 4 / 2016 To							
		ecial Election Report						
		T						
(6)	Contributions This Report	(7) Expenditures This Report						
-	Φ 0.00	Monetary Expanditures C 000						
Casi	h & Checks \$,,,000	Expenditures \$, , 0 . 00						
Loar	ns \$,_,,_0.00	Transfers to						
Luai	,,	Office Account \$, , , 0 . 00						
Tota	ıl Monetary \$, , 0 . 00	, · · · <u> </u>						
		Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0.00	· · · · · · · · · · · · · · · · · · ·						
•••		(8) Other Distributions						
		\$,, ooo						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>500</u> . <u>00</u>	\$, , <u>500</u> . <u>00</u>						
(11) Certification								
	It is a first degree misdemeanor for any perso							
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:						
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Florence Fruehan (2) I.D. Number 348								
	11/4/2016	2	2/6/2017		1	0		
(3) Cover Perio	od / /	through	1 1	(4) Pag	e	of		
(5)	(7)	(8)	(9)	(10)	(11)	(12)		
Date	Full Name							
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor	Contribution	In-kind				
Number	City, State, Zip Code	Type Occupation	Туре	Description	Amendment	Amount		
T.G.T.	ony, care, Elp code	1 y po occupación	.,,,,,	Description		3 41104110		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Florence	e Frue	ehan	97/05/1/40/1/40/1/40/1/4/4/4/4/4/4/4/4/4/4/4/	994-P095 12.503-9.88681111-11190 (894-1-0919	9 98 75 75	CONTRACTOR CONTRACTOR	(2) I.D. Nun	nber		348	- Pi
	1	1/4/2	016		2/6/201	.7		** **	-			
(3) Cover P	eriod	1	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
2/5/2017	fruehan, florence 15 flagership palmcoast, fl 32137	repayment loan	DI		\$475.00
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