CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Maria P. Barbosa	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1192696]						
(2) 65 Boston Ln Address (number and street)	Submitted on:						
Palm Coast, Fl 32137	10/6/2019 22:00:02 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 460						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	District 5						
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> </ul>	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 Identifiers							
Cover Period: From <u>9</u> / <u>1</u> / <u>201</u> 9 To	9/ 30/ 2019 Report Type:M9						
☑ Original   ☐ Amendment   ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,,,	Expenditures \$ , , , 00						
Loans \$,,0.00	Transfers to						
	Office Account \$ _ , _ , _ 0 . 00						
Total Monetary \$,,,00							
	Total Monetary \$ , , 0 . 00						
In-Kind \$,, 00							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>25</u> , <u>502</u> . <u>00</u>	\$,, 200						
(11) Car	tification						
	son 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 or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	X						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Maria P. Barbosa		(2) I.D. Number					
	9/1/2019				9/30/2019			
(3) Cover Peri	iod / /	thre	ough	11	(4) Pag	e	of _1	
(5)	(7)	1	(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 Center State, Bank		Occupation returned	Type CA	Description	Amendment	Amount \$2.00	
9/30/2019	175 Cypress point PKWY		bank fee	CA			\$2.00	
	Palm Coast, FL 32164							
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Maria P. Barbosa (2) I.D. Number 460						
(3) Cover Period	9/1/2019 I/through_	9/30/2019 / /	(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 sou contribution candidate	ight if to a Expenditure	(10) Amendment	(11) Amount	
_ / _						
_ / /						
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_/ /						
11						
_ / /						

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES