CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Carol (Mother Elizabeth) Bacha	OFFICE USE ONLY ONLINE SUBMISSION							
Name (2) 26 Poppy Ln	[1237433]							
Address (number and street)	Submitted on:							
Palm Coast, FL 32164	10/30/2020 15:26:09 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 487							
(4) Check appropriate box(es):								
Candidate Office Sought: School Board	District 3							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	Check here if PC or ECO has disbanded							
Party Executive Committee (PTT) Independent Expenditure (IE) (also covers an	 Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From $12 / 1 / 2019$ To								
	Decial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, 0.00	Monetary Expenditures \$,, 1.00							
	· · · · · · · · · · · · · · · · · · ·							
Loans \$,,0.00	Transfers to							
	Office Account \$,,,,							
Total Monetary \$, , 0.00								
	Total Monetary \$,,00							
In-Kind \$,, 0.00								
	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u> 1</u> , <u> 941</u> . <u> 00 </u>	\$, <u>1</u> _, <u>730</u> . <u>35</u>							
(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, co								
	1							
(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	(1) Name <u>Carol (Mother Elizabeth) Bacha</u> (2) I.D. Number					e r 4	487	
	12/1/2019		1	2/31/2019				
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Pag	e _1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
1 1				64459				
1	-							
1 1	_							
1 1								
1 1								
1 1								
1 1	_							
/ /								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Carol (Mother Elizabeth)</u> Bacha (2) I.D. Number <u>487</u>							
(3) Cover Perio	12/1/2019 d/through_	12/31/2019 /	4) Page <u>1</u>	of	1		
(5) Date (6) Sequence Number	(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		
12/12/2019 1	Family Dollar, 607 E Moody Blvd Bunnell, FL 32110	paper printing of candidate petition	МО	Delete	\$11.00		
12/12/2019 // 2	Family Dollar, 607 E Moody Blvd Bunnell, FL 32110	paper printing of candidate petition	МО	Add	\$12.00		
_/ /							
_/ /							
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_/ /							
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