CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Victor Barbosa	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1228039]						
(2) 91 B Fieldstone Ln	Submitted on:						
Address (number and street) Palm Coast, FL 32137	8/27/2020 19:03:24 (eastern)						
City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: 538						
(4) Check appropriate box(es):							
Candidate Office Sought: Palm Coast C	ity Council Member Seat 2						
Political Committee (PC)							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	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 Identifiers							
Cover Period: From <u>8</u> / <u>14</u> / <u>202</u> 0 To	8 / <u>21</u> / <u>2020</u> Report Type: <u></u>						
⊠ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , , 0 . 00	Expenditures \$,, <u>166</u> . <u>12</u>						
\$ 0.00	Transform						
Loans \$,, <u>0</u> .00	Transfers to           Office Account         \$,,						
Total Monetary \$ , , 0.00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$, ,166 . 12						
In-Kind \$,,0.00	,,						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>3</u> , <u>050</u> . <u>00</u>	\$,, 51907						
(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)	(Type name)						
or electioneering comm.)							
X	x						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Victor Barbosa	arbosa (2) I.D. Number 538					38	
8/14/2020			8/21/2020					
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Page	e <u>1</u>	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	ALCONTRACTORIAN ACCORDING	Туре	Description	Amendment	Amount	
1 1	-							
1 1	-							
1 1	-							
1 1	_							
I I	-							
1 1	-							
1 1	-							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name_Victor Barbosa (2) I.D. Number53					
(3) Cover Period	8/14/2020 I/through_	8/21/2020 //	(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
	PALM COAST SIGNS, 24 UTILITY DR PALM COAST, FL 32137	signs	МО		\$166.12
_/ /					
_/ /					
_/ /					
_/_/					
_/_/					

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