CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Victor M Barbosa	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1235399]							
(2) 91 B Fieldstone Ln	Submitted on:							
Address (number and street) Palm Coast, FL 32137	10/20/2020 22:25:17 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 538							
(4) Check appropriate box(es):								
	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>10</u> / <u>3</u> / <u>2020</u> To	0 <u>10</u> / <u>16</u> / <u>2020</u> Report Type: <u>G5</u>							
🖾 Original 🛛 Amendment 🗌 Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 000	Expenditures \$,, 370 . 00							
¢ 0.00								
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account							
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·							
	Total Monetary \$, , 370 . 00							
In-Kind \$,,0.00	,,							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>3</u> , <u>610</u> . <u>00</u>	\$,2 , _58507							
(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)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Victor M Barbosa	(2) I.D. Number					38	
	10/3/2020			10/16/2020				
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Pag	e	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	Occupation	Туре	Description	Amendment	Amount	
	1 122							
/ /	-							
1 1								
/ /	-							
1 1	-							
1 1	-							
1 1								
1 1	-							
/ /	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name_Vict	CAMPAIGN TREASURER' or M Barbosa		D EXPENDIT (2) I.D. Number	538	
(3) Cover Period	10/3/2020 I// through_	10/16/2020 / /	(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		\$370.00
//					
_/ /					
_ / /					
//					
_ / _					
_ / _					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES