	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Shauna C. Kanter	OFFICE USE ONLY						
7 1	Name	ONLINE SUBMISSION						
(2)	23 Leidel Dr	Submitted on:						
	Address (number and street)	8/5/2022 17:34:30 (eastern)						
	Palm Coast, FL 32137	3,3,2322 2, 33 33 (3223233,						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:617						
(4)	Check appropriate box(es):							
		ty Council Member District 2						
	Political Committee (PC)	Charle have if BC 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) Poport	I Identifiers						
Cov								
	rer Period: From 7 / 23 / 2022 To							
<u>X</u> 0	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$, , ,000	Expenditures \$, , 0 . 00						
•	a 200 00							
Loar	ns \$	Transfers to Office Account \$						
T.4-	\$ 200 00	Office Account \$, , , 0 . 00						
lota	al Monetary \$, , <u>200</u> . <u>00</u>	Total Monetary \$. 0 . 00						
- IZ	· · • • 0 00	Total Monetary \$, , , 0 . 00						
In-Ki	ind \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>1</u> , <u>056</u> . <u>00</u>						
	(11) Cert							
	It is a first degree misdemeanor for any personal							
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:						
(T	Type name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	,							
X		_X						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Shauna C. Kanter			(2) I.D. Number						
	7/23/2022		7	/29/2022					
(3) Cover Perio	od/	thro	ough	<i>I I</i>	(4) Pag	e <u> </u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
7/23/2022	Kanter, Shauna 23 Leidel Drive Palm Coast, Fl 32137	S	candidate self	LO	•		\$200.0		
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	70°-55			No. 2000		1.500s - 500s			
DS-DE 13 (Rev. 11/1:	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES			

	7/23/2022	7/:	29/2022		nber	617
) Cover Period _		hrough	<u> </u>	(4) Page	of	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First Street Addres City, State, Zip	, Middle) ss &	(8) Purpose (add office sougl contribution to candidate)		ture	(11)
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