CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Flagler County Democratic Executive (	committee OFFICE USE ONLY							
` ,	Name	ONLINE SUBMISSION							
(2)	PO Box 352021	[1297291]							
	Address (number and street)	Submitted on:							
	Palm Coast, Fl 32135	6/11/2023 10:34:05 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:558							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought:   ☐ Political Committee (PC)   ☐ Electioneering Communications Org. (ECO)   ☒ Party Executive Committee (PTY)   ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)   Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
Cove	er Period: From 4 / 1 / 2022 To	8 / 18 / 2022 Report Type: <u>P7</u>							
	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,		Monetary Expenditures \$ , , o . 00							
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , ,995. 31	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$ , , 000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>96</u> , <u>426</u> . <u>31</u>	\$, <u>113</u> , <u>261</u> . <u>72</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, correct, and complete:  (Type name)    Individual (only for IE   Treasurer   Deputy Treasurer   Candidate   Chairperson (only for PC and PTY)									
or	electioneering comm.)								
X		<u>X</u>							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Flagler	County	Democratic	Executive	Commit (2)	I.D. Number		558	
		2022			/2022				
(3) Cover Period	ł	//	throug throug	jh/_	1	(4) Page	1	_ of _	1

(E)	(7)		(0)	(0)	(40)	(44)	(40)
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	_ c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
5/2/2022	Moran, Catherine 5 Evansmill Pl Palm Cosat, FL 32164	Ī	not employed	СН		Delete	\$1,120.00
1							
5/2/2022 / /	Moran, Catherine 5 Evansmill Pl Palm Cosat, FL 32164	I	not employed	СН		Add	\$120.00
2							
4/30/2022	VyStar Credit Union, 305 Palm Coast Pwy SW Palm Coast, FL 32137	В	bank account	IN		Add	\$1.09
3							
5/31/2022	VyStar Credit Union, 305 Palm Coast Pwy SW Palm Coast, FL 32137	В	bank account	IN		Add	\$1.23
4	T. C						*1 10
6/30/2022	VyStar Credit Union, 305 Palm Coast Pwy SW Palm Coast, FL 32137	В	bank account	IN		Add	\$1.19
7/30/2022	VyStar Credit Union, 305 Palm Coast Pwy SW Palm Coast, FL 32137	В	bank account	IN		Add	\$1.18
6					-		
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DS DE 12 /Poy 11/		SEE DI					

Cover Period _	4/1/2022 8/ / / through	/18/2022 //(4	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 sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
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DS-DE 14 (Rev.	11/13	