	CAMPAIGN TREASURE	ER'S REPORT SUMMARY							
(1)	Kathy Austrino	OFFICE USE ONLY							
**	Name	ONLINE SUBMISSION							
(2)	59 Bayside Dr	Submitted on:							
	Address (number and street)	7/19/2024 09:27:48 (eastern)							
	Palm Coast, FL 32137 City, State, Zip Code								
	_								
	Check here if address has changed	(3) ID Number: 649							
(4)	Check appropriate box(es):								
		ty Council Member District 1							
		☐ Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
	(5) Report	ldentifiers							
Cove	er Period: From 6 / 29 / 2024 To	7 / <u>12</u> / <u>2024</u> Report Type: <u>P3</u>							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	h & Checks \$, , ,000	Expenditures \$, , <u>105</u> . <u>31</u>							
•	• 0 00								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Tota		Office Account \$, , , 0 . 00							
TOla	Il Monetary \$, , , 0 . 00	Total Monetary \$. 105 . 31							
In-Ki	ind \$, , 0.00	Total Monetary \$, , 105 . 31							
III-i Xi	nd • , _ , _ ,	(8) Other Distributions							
		\$							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>8</u> , <u>120</u> . <u>00</u>	\$, <u>8</u> , <u>128</u> . <u>83</u>							
	(11) Certification								
	It is a first degree misdemeanor for any person								
Ιc	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)							
	electioneering comm.)								
Х		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kathy Austrino (2) 6/29/2024 7/12/2024		
		1 0
(3) Cover Period / / through / /	(4) Page	of
(5) (7) (8) (9) Date Full Name	(10)	(11) (12)
(6) (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution	In-kind	
Number City, State, Zip Code Type Occupation Type		Amendment Amount
<i>f f</i>		

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Kathy	Austri	10				 (2) I.D. Nur	nber	6	549	
		6/29/2	024		7/12/2	024					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/9/2024	Facebook, 1 Hacker Way Menlo Park, CA 94025	ad	МО		\$51.14
7/9/2024	Facebook, 1 Hacker Way Menlo Park, CA 94025	ad	MO		\$51.14
2			140		40.03
7/9/2024	Facebook, 1 Hacker Way Menlo Park, FL 94025 Menlo Park, CA 94025	ad	MO		\$3.03
//					
//					
//					
//					
//					
DC DE 44 (Day)					,