CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Victor Manuel Barbosa	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1203 Aspen St	Submitted on:					
	Address (number and street)	1/19/2024 13:36:48 (eastern)					
	Bunnell, Fl 32110						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:651					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: County Commiss	sion District 5					
	Political Committee (PC)	□ 011 b ''.D0 F00 b db-bd-d					
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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					
	individual making electioneering communications)						
	(5) P (
_	.,,	Identifiers					
Cove	er Period: From 10 / 1 / 2023 To	12 / 31 / 2023 Report Type: Q4					
	Original ☐ Amendment ☐ Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	1	Monetary					
Casl	h & Checks \$, , ,000	Expenditures \$, , 0 . 00					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to					
	Φ 0.00	Office Account \$, , , 0 . 00					
Tota	al Monetary \$, , 0 . <u>00</u>	Total Management of the control of t					
	0.00	Total Monetary \$, , 0 . 00					
In-Ki	ind \$,, <u>0</u> . <u>00</u>						
	,	(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(-,	\$,, 0 00	\$, , 0. 00					
		,,,					
	(11) Cert						
	It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
Ιc	I certify that I have examined this report and it is true, correct, and complete:						
(T	Type name)	(Type name)					
-	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	electioneering comm.)						
Х	,	X					
	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Victor Manuel Barbo		(2) I.D. Number651				
	10/1/2023			2/31/2023			
(3) Cover Pe	riod / /	thro	ough	11_	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence	Street Address &	Contributor		Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
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, ,							
1 1							

1) Name <u>Victor</u>	Manuel Barbos 10/1/2023 / /	a 12	EPORT – ITEMIZED (1)	2) I.D. Number	651	
3) Cover Period _	/ / / /	through	/31/2023 _//(4) Page <u>1</u>	of _	0
(5) Date (6) Sequence Number	(7) Full Nai (Last, Suffix, Fii Street Addi City, State, Z	st, Middle) ess &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount
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