CAMPAIGN TREASU	JRER'S REPORT SUMMARY
(1) Vicki-Elaine Felder	OFFICE USE ONLY
Name	ONLINE SUBMISSION
(2) 3501 Rogers Dr	Submitted on:
Address (number and street)	4/11/2024 00:04:45 (eastern)
Orlando, FL 32805	
City, State, Zip Code	
Check here if address has changed	(3) ID Number:1195
(4) Check appropriate box(es):	
☐ Candidate Office Sought: School Boa	urd Dist. 5
<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded
Party Executive Committee (PTY)	☐ 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) Re	port Identifiers
• •	
	To 3 / 31 / 2024 Report Type: <u>Q1</u>
☐ Original ☐ Amendment ☐	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$ , 2 , 900 . 00	Expenditures \$ , , , _0 . 00
· • • 0 00	
Loans \$,,,0.	Transfers to Office Account \$
Total Monetary \$ , 2, 900.00	Office Account \$ , , , 0 . 00
Total Monetary \$	Total Monetary \$ . 0 . 00
To 12' and \$ 0 00	Total Monetary \$ , , , 0 . 00
In-Kind \$,,	. (2) Other Bladdhadan
	(8) Other Distributions \$ , , 0.00
	\$,, <u>0</u> . <u>00</u>
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$	\$ , , <u>0</u> . <u>00</u>
<b>1</b>	Certification 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 Treasure or electioneering comm.)	er Candidate Chairperson (only for PC and PTY)
X	x
Signature	Signature

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Vicki-El	aine	Felder			(2	!) I.D. Number		1195	
	1/1	/202	4		3/31/	2024				
(3) Cover Peri	od	1	1	through	1	1	(4) Page	1	of $\frac{1}{2}$	L

		(8)	(9)	(10)	(11)	(12)
ddle)						
	C	ontributor	Contribution	In-kind		
	Туре	A STATE OF THE PROPERTY OF THE	Туре	Description	Amendment	Amount
		counselor	СН	Везоприон		\$400.00
L	I	military	СН			\$1,000.00
	I	educator	СН			\$1,000.00
	I	business owner	СН			\$250.00
#A	В	constructi on company	. CH			\$250.00
	S	SEERI	SEE REVERSE FOR L	SEE REVERSE FOR INSTRUCTIONS	SEE REVERSE FOR INSTRUCTIONS AND CODE VAI	SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _V	/icki-El	laine	Felde:	r			 (2) I.D. Nun	nber	1	L195	
	1	/1/20:	24		3/31/2	024					
(3) Cover Pe	eriod	I	1	through	/	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
3/31/2024	No Expenses , N/A N/A N/A, N/ N/A	no expenses	MO		\$0.00
1	N/A, N/ N/A				
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DS-DE 14 (Rev	L			I.	