	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Michelle Bowden	OFFICE USE ONLY							
T	Name	ONLINE SUBMISSION [1290447]							
(2)	4429 Bluff Oak Loop	Submitted on:							
	Address (number and street) Kissimmee, FL 34746	1/9/2023 16:04:32 (eastern)							
	City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 554							
(4)	Check appropriate box(es):	(5, 12 1131113011							
(-1)	* * *	unity Development District Seat 3							
	Political Committee (PC)	_							
		Check here if PC or ECO has disbanded							
		<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>							
	individual making electioneering communications)								
	(5) Panart	1-14:6:							
Cov	• • •	: Identifiers							
	er Period: From $11 / 4 / 2022$ To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cool	\$ 0.00	Monetary Expenditures \$ , , 232 . 00							
Casi	h & Checks \$ , , 0 . 00	Expenditures \$ , , <u>232</u> . <u>00</u>							
Loar	ns \$ , , 0.00	Transfers to							
		Office Account \$ , , 0 . 00							
Tota	Il Monetary \$ , , , 000								
		Total Monetary \$ , , <u>232</u> . <u>00</u>							
In-Ki	ind \$,,,000								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, <u>232</u> 00	\$,, <u>232</u> 00_							
	(11) Cert It is a first degree misdemeanor for any perso								
١c		• • • • • • •							
I certify that I have examined this report and it is true, correct, and complete:									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
х		X							
	gnature	Signature							

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

(1) Name Michelle Bowden (2) I.D. Number 554									
11/4/2022			2	/6/2023					
(3) Cover Perio	od / /	thro	ough	1 1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>		
	*				, , ,	N N	-		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name		(5)	(5)	(10)	X : 13	(12)		
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Michelle	Bowd	len				 (2) I.D. Nun	nber	5	554	
	1:	1/4/2	022		2/6/202	23		-			
(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
1/8/2023	The Center, 946 N. Mills Ave Orlando, FL 32803	charitable disposition of campaign finances.	МО		\$232.00
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