CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) Pa	ulette V. Armstead	OFFICE USE ONLY							
	ame	ONLINE SUBMISSION [1192552]							
·-/	Easthampton, Building C West	Submitted on:							
1	ddress (number and street) .lm Beach, FL 33417	10/4/2019 11:29:46 (eastern)							
	ty, State, Zip Code								
	Check here if address has changed	(3) ID Number: 334							
	neck appropriate box(es):								
· · ·	Candidate Office Sought: Supervisor of	Elections							
	Political Committee (PC)								
	<b>o v v v</b>	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) Report Identifiers									
Cover P		9 / 30 / 2019 Report Type: M9							
🔼 Origin		ecial Election Report							
(6) Contributions This Report (7) Expenditures This Report									
		Monetary							
Cash &	Checks \$,, 75 . 00	Expenditures \$ , , 225 . 00							
	¢ 0.00								
Loans	\$,, <u>0</u> . <u>00</u>	Transfers to							
Total Mo	onetary \$,,75.00	Office Account \$,, 0 . 00							
Total Monetary \$,, 75.00		Total Monetary \$, , 225 . 00							
In-Kind	\$,,0.00	, <u> </u>							
		(8) Other Distributions							
		\$,, <u>   0  .  00  </u>							
(9) TO	TAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$	, <u>21</u> , <u>165</u> . <u>00</u>	\$,,,59							
(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) (Type name)									
	vidual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electi	ioneering comm.)								
х		x							
Signat	ture	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number					
9/1/2019			9/30/2019					
(3) Cover Peri	od / /	thre	ough	11	(4) Page	e	of	
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		Contribution	In-kind			
Number 9/17/2019 / /	City, State, Zip Code Walters, Delores M 5102 Lakefront Blvd C Delray Beach, FL 33484	Î	Occupation registered nurse	Туре 1 СН	Description	Amendment	Amount \$50.0	
1								
9/17/2019 / /	Wesley, Mary Alice 1830 Burchstone Dr Orlando, FL 32806	I	retired	СН			\$25.0	
2								
1 1	_							
1 1	_							
1 1	_							
1 1	_							
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Paul	<b>CAMPAIGN TREASURER'S RE</b> Lette V. Armstead	(2	ITEMIZED EXPENDITURES (2) I.D. Number 334			
(3) Cover Perio	9/1/2019 9/30 d/ through	0/2019 /(4	4) Page <u>1</u>	of_	1	
(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) Amendment	(11) Amount	
9/6/2019	S H Hoshor CPA LLC, 1035 S State Rd 7 Suite 313 Wellington, FL 33414	monthly accounting fee	МО		\$125.00	
9/18/2019 // 2	Democratic Womens Club of PBC, 2600 North Flagler West Palm Beach, FL 33405	purchase of ticket for november luncheon	МО		\$50.00	
9/18/2019	Democratic Womens Club of PBC, 2600 North Flagler West Palm Beach, FL 33405	purchase of sponsorship to nov luncheon	МО		\$50.00	
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_/ /						
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES