CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Debra Moses Stephens	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	312 11th Street	Submitted on:								
	Address (number and street)	9/20/2020 14:27:14 (eastern)								
	West Palm Beach, FL 33401 City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 567								
(4)	_	(3) 15 Number								
(+)	A) Check appropriate box(es): Candidate									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 25 / 2020 To	7 / 31 / 2020 Report Type:P6								
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , <u>250</u> . <u>00</u>	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , <u>250</u> . <u>00</u>	T. 114								
In-Ki	ind \$,,	Total Monetary \$, , 0 . 00								
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(T)	(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) Individual (only for IE									
_X Si	gnature	X Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Debra Moses Stephen	s			2) I.D. Numbe	er <u>-</u>	67
	7/25/2020			/31/2020			
(3) Cover Peri	od / /	thro			(4) Pag	je ¹	of ¹
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		()				
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
E /21 /220	IBEW PAC ,		pac	CH		Add	\$250.0
7/31/2020	Voluntary Fund 900 7th Street NW						
	Washington, DC 20001						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

	ebra Moses Stephens					(2) I.D. Number			567		
(3) Cover Period	7/25/ /	′2020 /	through_	7/31/	/2020 _/	(4	4) Page	1	of _	0	
(5)		r	7)	Ť	(8))	(9)	Ī	(10)	(11)	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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11					
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DS-DE 14 (Rev.					