CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barb Haselden
Name

(2) 1043 31st Terrace NE
Address (number and street)
St. Petersburg, FL 33704
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 925 _____

(4) Check appropriate box(es):

☒ Candidate   Office Sought: Board of County Commissioners - Dist. 6 - Single M
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)   ☐ **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) Report Identifiers

Cover Period: From __11__ / __1__ / __2017__ To __11__ / __30__ / __2017__   Report Type: __M11__

☐ Original   ☒ Amendment   ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 0 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
$ ___ , 45 , 037 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , 23 , 334 . 23

(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   ☐ Treasurer   ☐ Deputy Treasurer
or electioneering comm.)

X _____
Signature

(Type name) _____

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _Barb Haselden_   **(2) I.D. Number** _925_

(3) Cover Period _11/1/2017_ ___/___/___ through _11/30/2017_ ___/___/___   **(4) Page** _1_ of _1_

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/11/2017 / / 1	Zilles, John 8392 Meadowbrook Dr E Largo, Fl 33777	I	retired	CH		Delete	$1,000.00
11/17/2017 / / 2	Zilles, Maureen 8392 Meadowbrook Drive, E. Largo, FL 33777	I	retired	CH		Add	$1,000.00
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/ /							
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DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barb Haselden **(2) I.D. Number** 925

(3) Cover Period 11/1/2017 ___/___/___ through 11/30/2017 ___/___/___ **(4) Page** 1 **of** 0

(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
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES