	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Deborah Johnson Hawley	OFFICE USE ONLY					
(- /	Name	ONLINE SUBMISSION					
(2)	8460 Immokolee Road	[1161033]					
	Address (number and street)	Submitted on: 7/12/2018 19:11:32 (eastern)					
	Fort Pierce, FL 34951	(casecin)					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:367					
(4)	Check appropriate box(es):						
	Candidate Office Sought: School Board,	District 1					
	Political Committee (PC)	□ ol - l l '' po - 500 l l' l l - l					
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded☐ 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\ Panor	Identifiers					
Cove							
	er Period: From 6 / 23 / 2018 To						
<u>N</u> O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casł	n & Checks \$, , <u>350</u> . <u>00</u>	Monetary					
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00					
Tota	I Monetary \$, , <u>350</u> . <u>00</u>	Total Monetary \$, , 2 . 00					
In-Ki	nd \$, , 0.00						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>15</u> , <u>246</u> . <u>88</u>	\$, 2 , 845 . 18					
	(11) Cert It is a first degree misdemeanor for any pers	tification					
1		, , , ,					
1 0	certify that I have examined this report and it is true, corr	ect, and complete:					
_(T	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	orah John	son Hav	wley		(2) I.D. Number					
	6/23/203	18		7/6/2	2018					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
7/3/2018	Sanders, Marvin E 5427 Stately Oaks St Ft Pierce, FL 34981		civil engineer	СН			\$100.0
7/3/2018	DeFonzo, Ava 5289 NW Rugby Dr Port St Lucie, FL 34983		administra tive assistant	CH			\$100.0
7/3/2018	Latendress, Elaine B PO Box 880566 Port St Lucie, FL 34988	I	bookkeeper	СН			\$150.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Deborah	Johnso	n Haw	ley			 (2) I.D. Num	nber	3	367	and an analysis of the same an
	6	5/23/201	.8		7/6/201	8					
(3) Cover P	eriod	I	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
6/29/2018	CenterState Bank, CenterState 5001 Okeechobee Rd Ft Pierce, FL 34947	paper statement fee	MO		\$2.00
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