CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Deborah A. Denys	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	P O Box 714	Submitted on:							
	Address (number and street)	6/5/2017 18:19:03 (eastern)							
	New Smyrna Beach, FL 32170 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 356							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: County Council Member, District 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 								
	(5) Report	Identifiers							
Cove	er Period: From 5 / 1 / 2017 To	5 / 31 / 2017 Report Type: M5							
⊠ o	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , 0 . 00	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$,,	Total Monetary \$. 400.00							
In-Ki	ind \$, , 0.00	Total Monetary \$, , 400 . 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								
Si	onature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Deborah A. Denys				2) I.D. Numbe	er3	556
	5/1/2017		5	/31/2017		1	1
(3) Cover Peri	od//	thro	ough	11_	(4) Pag	le	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
5/31/2017	Denys, Deb PO Box 714 New Smyrna Beach, FL 32170		candidate	LO	STAND AND AND AND AND AND AND AND AND AND		\$5,500.0
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1 1							
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1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Deborah	A. D	enys				 (2) I.D. Num	ber		356	39
	5	/1/20	017		5/31/	2017					
(3) Cover P	eriod	1	1	through	ı /	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
5/23/2017	Port Orange Family Days, PO Box 290610	booth	MO		\$400.00
1	Port Orange, FL 32129			5	
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