	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Robert Mann	OFFICE USE ONLY ONLINE SUBMISSION						
(2)	Name 3218 Scenic Woods	[1148951]						
(~)	Address (number and street)	Submitted on:						
	Deltona, FL 32725	2/6/2018 21:42:25 (eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 397						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board	Member, District 5						
	Political Committee (PC)							
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)	Check here if no other in of no reports will be med						
		Identifiers						
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2018}$ To	1 / 31 / 2018 Report Type: M1						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	n & Checks \$, , 0 . 00	Expenditures \$, , 8 . 00						
	Φ 0.00							
Loar	s , , , , 0 . 00	Transfers to Office Account \$						
	\$	Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 0 . 00	Total Manatany C						
	ф 12 7 <i>1</i>	Total Monetary \$, , 8 . 00						
In-Ki	nd \$,, <u>13</u> . <u>74</u>							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>850</u> 00	\$, ,, <u>100</u> . <u>00</u>						
	(11) Cert It is a first degree misdemeanor for any pers							
1								
I certify that I have examined this report and it is true, correct, 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	Robert Mann			(2) I.D. Number			
	1/1/2018			/31/2018			
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/12/2018	Jenkins, Eric M. 500 w. Lisbon Parkway DeLand, FL 32720	I	Cocupation	IK	two candidate name		\$13.7
1					badges		
J I							
1 1							
j j							
I I							
f I							
1 1							
			5				
1 1							
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR	INSTRUCTIONS	S AND CODE VALU	JES	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rober	Robert Mann					(2) I.D. Num	nber	397		
	1/1/20	18		1/31/2	018		-			
(3) Cover Period	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
1/30/2018	TD BANK, 1212 Providence Blvd. Deltona, FL 32725	maintenance fee reversal	RE		\$-2.00
1/31/2018	TD Bank, 1212 Providence blvd Deltona, Fl 32725	monthly maintenance fee	МО		\$10.00
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