CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kathie Shepard	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	204 S. Massachusetts	Submitted on:							
	Address (number and street) DeLand, FL 32724	10/20/2018 01:14:01 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 525							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: West Volusia Hospital Authority - Group B, Seat 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	(5) Report	Identifiers							
Cove	er Period: From 10 / 6 / 2018 To								
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota In-Ki	I Monetary \$,,,0 on	Total Monetary \$, , <u>103</u> . <u>88</u>							
	Λ <u></u> Λ <u></u> Δ	(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								
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kathie Shepard			(2) I.D. Number					
	10/6/2018		1	0/12/2018					
(3) Cover Peri	iod / /	thro	ough	<i>l l</i>	(4) Page	1	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		
Number	Oity, State, Zip Gode	Турс	Оссирацоп	Турс	Description		Amount		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Kathie	Shepar	d				 (2) I.D. Num	nber	5	525	
		10/6/2	018		10/12/	2018					
(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
10/8/2018	Hispanic Heritage , Celebration 3460 Florentine St Deltona, Fl 32725	candidate entrance fee for ecent	МО		\$35.00
10/9/2018	University of Stenson, Print Shop 421 N Woodland Ave Deland, Fl 32724	campaign literature	МО		\$68.88
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