CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christine Wilt

Name

(2) 412 Brookfield Terrace

Address (number and street)

DeLand, FL 32724

City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 546

(4) Check appropriate box(es):

☒ Candidate   Office Sought: Soil & Water Conservation District, Seat 3
☐ 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 7 / 28 / 2018 To 8 / 3 / 2018   Report Type: P5

☐ Original   ☒ Amendment   ☐ Special Election Report

(6) Contributions This Report		**(7) Expenditures This Report**	
Cash & Checks	$ ___ , ___ , 50 . 00	Monetary Expenditures	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00	Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 50 . 00	Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00		

(8) Other Distributions

$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

$ _____ , _____ , 0 . 00

(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 or electioneering comm.)   ☐ Treasurer   ☐ Deputy Treasurer

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 Christine Wilt

(2) I.D. Number 546

(3) Cover Period 7/28/2018 _/_ _/_ through 8/3/2018 _/_ _/_

(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
7/30/2018 / / 1	Grimm, Barbara 1605 W. French Ave. Orange City, FL 32763	I	retired teacher	CH		Add	$50.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
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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 Christine Wilt

(2) I.D. Number 546

(3) Cover Period 7/28/2018 ___/___/___ through 8/3/2018 ___/___/___

(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