CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Robert Mann	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1172366]							
(2) <u>3218 Scenic Woods</u>	Submitted on:							
Address (number and street) Deltona, FL 32725	9/20/2018 18:25:10 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 397							
(4) Check appropriate box(es):								
 Candidate Office Sought: <u>School Board Member</u>, <u>District 5</u> 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed 								
(5) Report Identifiers								
Cover Period: From <u>1</u> / <u>1</u> / <u>201</u> 7 To	12 / 31 / 2018 Report Type: TRP							
⊠ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$, , , 0 . 00							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
Total Monetary \$	Total Monetary \$, , , 0 . 00							
	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>6</u> , <u>078</u> . <u>48</u>	\$, <u>6</u> , <u>078</u> . <u>48</u>							
ا (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)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number						
	1/1/2017		1	2/31/2018			
(3) Cover Perio	/ bc	thre	ough	11	(4) Pag	e _1	of
1	1	1					
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contributor		Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
1 1	-						
1 1	-						
1 1							
	-						
1 1							
1 1							
1 1	-						
		1					
1 1	-						
4							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Robe	CAMPAIGN TREASURER'S	(2) EXPENDIT 2) I.D. Number	397	
(3) Cover Period	1/1/2017 /through	12/31/2018 //(4	4) Page <u>1</u>	of	1
(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
	Mann, Robert 3218 Scenic Wood Dr Deltona, Fl 32725	repayment of loan candidate made towards his	DI		\$1,481.45
_/ /					
_/ /					
_/ /					
_/ /					
_/ /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES