CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Webster Barnaby	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1183669]								
(2)	PO Box 6643	Submitted on:								
	Address (number and street)	2/3/2019 21:48:19 (eastern)								
	Deltona, FL 32738  City, State, Zip Code									
		(2) ID New Joseph To 6								
	Check here if address has changed	(3) ID Number: 506								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: West Volusia Hospital Authority - Group B, Seat 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 6 / 23 / 2018 To	7 / 6 / 2018 Report Type:P2								
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , <u>100</u> . <u>00</u>	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , <u>100</u> . <u>00</u>	Total Monetary \$ . 371 . 15								
In-Ki	and \$ , , 0.00	Total Monetary \$ , , <u>371</u> . <u>15</u>								
		(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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)									
<u>X</u>		<u>X</u>								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Webster Barnaby			(	2) I.D. Numbe	er	506
	6/23/2018			/6/2018			
(3) Cover Peri	od / /	through			(4) Pag	je <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8 Contril		(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	CONTRACTOR (11967)	cupation	Туре	Description	Amendment	Amount
7/1/2018	Hoffman, Caryn 125 Mill Run Drive Lake Mary, Fl 32746	Î		CA	•	Add	\$50.0
7/6/2018	Gailey, Lisa 341 Magnolia Place Debary, FL 32713	I		CA		Add	\$50.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _V	Webster	Barna	by				 (2) I.D. Nun	nber	5	506	
	6	/23/20	18		7/6/201	.8					
(3) Cover P	eriod	1	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
6/28/2018	The Logo Store, 101 N Woodland Blvd	rack cards	МО	Add	\$371.15
1	Ste 101B Deland, Fl 32720				
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DS-DE 14 (Rev.	11/13 \				