	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	John Barfield	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	501 Antoinette St.	Submitted on:					
	Address (number and street)	7/9/2018 10:01:41 (eastern)					
	Deltona, FL 32725						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:531					
(4)	Check appropriate box(es):						
		Conservation District, Seat 5					
	Political Committee (PC)	□ 01 = 1 been 15 00 = 2 500 been dishearded					
		☐ 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					
	individual making electioneering communications)						
	(5) D						
	.,,	dentifiers					
Cove	er Period: From 6 / 23 / 2018 To	7 / 6 / 2018 Report Type:P2					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	Monetary Expanditures \$\frac{\partial}{2}\$						
Cash	ash & Checks \$, , <u>100</u> . <u>00</u> Expenditures \$, , <u>0</u> . <u>00</u>						
	\$ 0.00	T					
Loar							
T.4.	·						
Tota	Il Monetary \$,, <u>100</u> . <u>00</u>	Total Monetary \$. 0 . 00					
	ф 21 20	Total Monetary \$, , 0 . 00					
In-Ki	ind \$,, <u>21</u> . <u>38</u>						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(-)	\$,, _10000	\$, , 0.00					
	· , , ,	,,,					
	(11) Cert						
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)					
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:					
(T [,]	ype name)	(Type name)					
-	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	electioneering comm.)						
v		v					
X Sid	gnature	X Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	n Barfiel	d				(2) I.D. Number		531	
(3) Cover Period	6/23/202 /	18 /	through	7/6/2 /	2018 /_	(4) Page	1	of _ ¹	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/25/2018	Barfield, John Mark 501 Antoinette St Deltona, FL 32725	t S	business owner	CH			\$100.00
1							
6/26/2018	Barfield, John M 501 Antoinette St Deltona, FL 32725	S	business owner	IK	business cards		\$21.38
2							
1 1							
j j							
I I							
1 1							
1 1							
1 1							
DS-DE 13 (Rev. 11/		agan a, san	Marine Control		S AND CODE VA	2: 2-27- page	

) Name <u>John</u>	6/23/2018		_ (2) I.D. Numbe	145	
) Cover Period	/thro	ugh//	(4) Page1	of	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Mi Street Address & City, State, Zip Cod	contribution	ought if on to a Expenditure	(10)	(11) Amount
//					
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