CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Christine Wilt	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) 412 Brookfield Terrace	Submitted on:						
Address (number and street)	11/5/2018 14:55:41 (eastern)						
DeLand, FL 32724 City, State, Zip Code							
Check here if address has changed	(3) ID Number: 546						
_	(3) ID Number: 546						
(4) Check appropriate box(es):	Conservation District, Seat 3						
Candidate Office Sought: <u>Soil & Water</u> Political Committee (PC)	Conservation District, Seat 5						
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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
(5) Report Identifiers							
Cover Period: From <u>10</u> / <u>20</u> / <u>2018</u> To	0 <u>11</u> / <u>1</u> / <u>2018</u> Report Type: <u>G7</u>						
Original Amendment Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 000_	Expenditures \$, , , 0 . 00						
Loans \$,,0.00	Transform						
Loans $\qquad \qquad \qquad$	Transfers to Office Account \$,,						
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$,,0 . 00						
In-Kind \$,,0.00	, <u> </u>						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 200.00	\$, , 154.53						
(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	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	hristine Wilt (2) I.D. Number					er	546	
	10/20/2018			1/1/2018				
(3) Cover Perio	/ bc	thro	ough	11	(4) Pag	e _ 1	of ⁰	
1				I				
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind		_	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
			-					
1 1	-							
1 1	-							
			-					
55 #3								
1 1	-							
1 1	-							
1 1	-							
1 1								
	-							
1 1								
	-							

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	10/20/2018 /through	11/1/2018	4) Page <u>1</u>	of	0	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)	
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount	
//						
_/ /						
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_/ /						

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