Christine Wilt OFFICE USE ONLY Name 0NLINE SUBMISSION (1) 412 Brookfield Terrace Address (number and street) [1169974] DeLand, FL 32724 Submitted on: City, State, Zip Code 8/24/2018 16:21:23 (eastern) Check here if address has changed (3) ID Number: 546										
Name [1169974] (2) 412 Brookfield Terrace [1169974] Address (number and street) Submitted on: DeLand, FL 32724 8/24/2018 16:21:23 (eastern) City, State, Zip Code Image: State										
(2) 412 Brookfield Terrace Address (number and street) Submitted on: DeLand, FL 32724 8/24/2018 16:21:23 (eastern) City, State, Zip Code Submitted on:										
Address (number and street) DeLand, FL 32724 City, State, Zip Code										
City, State, Zip Code										
(A) Check appropriate box(es):										
(4) Check appropriate box(es):Candidate Office Sought: Soil & Water Conservation District, Seat 3										
Political Committee (PC)										
Electioneering Communications Org. (ECO)										
Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also source on Check here if per effect as the filed										
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 8 / 11 / 2018 To 8 / 23 / 2018 Report Type: $P7$										
(6) Contributions This Report (7) Expenditures This Report										
MonetaryCash & Checks\$, 150.00Expenditures\$, 0.00										
Cash & Checks \$,, <u>150</u> . <u>00</u> Expenditures \$,, <u>0</u> . <u>00</u>										
Loans \$,, 0.00 Transfers to										
Office Account \$ _ , 0 . 00										
Total Monetary \$, <u>150</u> . <u>00</u>										
Total Monetary \$										
In-Kind \$,, <u>0</u> . <u>00</u>										
(8) Other Distributions										
\$,,,										
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expenditures To Date										
\$,, <u>150</u> . <u>00</u> \$, <u>0</u> . <u>00</u>										
(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 Candidate Chairperson (only for PC and PTY)										
or electioneering comm.)										
x x										
Signature Signature										

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Christine Wilt			(2) I.D. Number546					
	8/11/2018	8/23/2018							
(3) Cover Peri	od / /	thr			(4) Pag	e 1	of ¹		
				,, <u>,</u> _	/ •	22 10			
(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		Occupation	Туре	Description	Amendment	Amount		
	Democratic Womens		political	СН		2	\$150.0		
8/15/2018	Club of Flor, 15346 Ponce de Leon Lane		caucus						
/ /	15346 Ponce de Leon Lane Clermont, FL 32714-6187								
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Christine Wilt (2) I.D. Number 546									
	8/11/2018 I <i>I</i> through_	8/23/2018	4) Page <u>1</u>		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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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES