

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Al Bouie  
 Name  
 (2) P.O. Box 922  
 Address (number and street)  
DeLand, FL 32721  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1176956]  
 Submitted on:  
 10/19/2018 20:22:19 (eastern)

Check here if address has changed

(3) ID Number: 552

(4) Check appropriate box(es):

- Candidate Office Sought: School Board Member, District 1
- Political Committee (PC)
- 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 10 / 6 / 2018 To 10 / 12 / 2018 Report Type: G5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   0   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   0   . 00

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   18   ,  850 .  60

### (10) TOTAL Monetary Expenditures To Date

\$      ,   12   ,  207 .  47

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Al Bouie (2) I.D. Number 552  
 10/6/2018 through 10/12/2018  
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
10/12/2018 / /	BROWN, LORENZO 984 WOODCRAFT DRIVE APOKA, FL 32712	I ceo florida hospital	CH			\$300.00
1						
10/12/2018 / /	IBEW LOCAL PAC, 5901 SOUTH WILLIAMSON BLVD PORT ORANGE, FL 32128	F pac	CH			\$500.00
2						
10/12/2018 / /	ODAM, CARNETTA 528 S THOMPSON AVE DELAND, FL 32720	I retired	CH			\$50.00
3						
10/12/2018 / /	WEAVER, GEORGE 139 BARRINGTON DR PALM COAST, FL 32137	I retired	CH			\$100.00
4						
10/12/2018 / /	MORRIS, LISA 35 DOGWOOD TRL DEBARY, FL 32713	I retired	CH			\$50.00
5						
/ /						
/ /						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Al Bouie

(2) I.D. Number 552

(3) Cover Period 10/6/2018 through 10/12/2018

(4) Page 1 of 0

(5) Date	(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
(6) Sequence Number					
/ /					
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