	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Betty Ceribelli	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	778 Horseman Drive	Submitted on:							
	Address (number and street)	4/10/2018 22:30:59 (eastern)							
	Port Orange, FL 32127								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 460							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: Port Orange Co	ouncil District 1							
	Political Committee (PC)	Charlebone if DC av ECO has disbonded							
		☐ 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) P (1.1							
_		Identifiers							
	er Period: From 3 / 1 / 2018 To	3 / 31 / 2018 Report Type: <u>M3</u>							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	h & Checks \$, , ,000	Expenditures \$, , _44 . 50							
	*								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to							
	Φ 0.00	Office Account \$, , 0 . 00							
Tota	Il Monetary \$,,	T. (1) Management (b)							
	•	Total Monetary \$, , _44 . 50							
In-Ki	ind \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(~)	\$,,,	\$, , 44 50_							
	,,,,	,, ,, ,, ,, ,							
	(11) Certification								
	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:							
(Type name) (Type name)									
	Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)							
	electioneering comm.)								
х		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number460							
	3/1/2018 od///		3	/31/2018 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(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)	(12) Amount
/ /	Oity, State, 21p Code	Туре	Occupation	Туре	Description	Alleranen	Amount
J 1							
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, ,							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Betty	Ceribel	li			74 110	 (2) I.D. Nun	nber	4	460	
		3/1/201	L8		3/31/2	018	**	-			
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
3/6/2018	Harland Clarke, Wells Fargo	printing of checks	MO		\$44.50
1	3860 So. Nova Rd. Port Orange, Fl 32127				
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/ / DS-DE 14 (Rev.	11/13 }				