	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)	4/17/2018 17:29:57 (eastern)							
	Port Orange, FL 32127								
	City, State, Zip Code	(2) 12.11							
	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)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
		☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	dentifiers							
Cov	er Period: From $\frac{1}{1}$ / $\frac{1}{2018}$ To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	-	Monetary							
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00							
1 - 0 1	• 0 00								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Tota	al Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00							
TOla	al Monetary \$,,	Total Monetary \$. 0 . 00							
In Ki	ind \$, , 0.00	Total Monetary \$, , 0 . 00							
In-Ki	ind	(8) Other Distributions							
		(8) Other Distributions \$, , 000_							
		Ψ , ,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$,, <u>200</u> 00							
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
اء									
I certify that I have examined this report and it is true, correct, and complete:									
_(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
Si	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Betty Ceribelli				2) I.D. Numbe	er <u>4</u>	60
	1/1/2018		1	2/31/2018		_	
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of
¥				ſ			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			0-1-10-11-1	For Estimate		
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	Oity, State, Zip Code	Туре	Occupation	туре	Description	y arrest distriction	Amount
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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				 (2) I.D. Nun	nber	4	460	
		1/1/201	.8		12/31/	2018		-			
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
4/5/2018	Ceribelli, Betty 778 Horseman Dr Port Orange, Fl 32127	closed account following withdrawal	DI		\$155.50
1		withdrawal from campaign			
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