

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carol Conforti
Name

(2) 2055 S. Atlantic Ave. #308
Address (number and street)

Daytona Beach Shores, FL 32118
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1153130]

Submitted on:
4/12/2018 13:08:22 (eastern)

Check here if address has changed (3) ID Number: 464

(4) Check appropriate box(es):

Candidate Office Sought: Daytona Beach Shores Council Seat 1

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 1 / 1 / 2018 To 12 / 31 / 2018 Report Type: TRW

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 000 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 000 . 00

(8) Other Distributions
\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
\$, 2 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
\$, 2 , 000 . 00

(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 Carol Conforti (2) I.D. Number 464

1/1/2018 through 12/31/2018

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carol Conforti

(2) I.D. Number 464

(3) Cover Period 1/1/2018 through 12/31/2018

(4) Page 1 of 1

(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					
3/7/2018 //	Conforti, Carol Ann 2055 S. Atlantic Ave. #308 Daytona Beach Shores, FL 32118	refund	MO		\$2,000.00
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