CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Becky Gibson	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1156191]							
(2) 2849 Gimlet Drive	Submitted on:							
Address (number and street) Deltona, FL 32738	6/7/2018 08:01:10 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 476							
(4) Check appropriate box(es):								
 Candidate Office Sought: <u>Deltona Commission District 1</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 								
(5) Report Identifiers								
Cover Period: From <u>5</u> / <u>1</u> / <u>2018</u> To	o <u>5</u> / <u>31</u> / <u>2018</u> Report Type: <u>M5</u>							
☐ Original ☐ Amendment ☐ S	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,,0._00	Monetary Expenditures \$, , , 2 . 00							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,000							
Total Monetary \$	Total Monetary \$, , , 2 . 00							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date \$, , 30.00	(10) TOTAL Monetary Expenditures To Date \$, , , , , , , , , , , , , , , , , , ,							
\$,, <u>30</u> . <u>00</u>	\$,, <u>2 . 25 </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, co	rrect, and complete:							
(Type name)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	ame <u>Becky Gibson</u> (2) I.D. Number 47					76	
5/1/2018			5	/31/2018		-	0
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
/ /							
1 1							
1 1	-						
I I	-						
1 1	_						
1 1	_						
/ /	_						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Beck	CAMPAIGN TREASURER'S RE	URES	476		
	5/1/2018 5/31 d/ through	L/2018)) Page <u>1</u>		1
(5) Doto	(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
5/31/2018	TD Bank, 2240 S Volusia Ave Orange City, Fl 32763	paper statement fee	MO		\$2.00
1					
11					
11					
11					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES