

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karen Chasez
 Name
 (2) 403 River Drive
 Address (number and street)
DeBary, FL 32713
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1167155]
 Submitted on:
 8/12/2018 12:17:54 (eastern)

Check here if address has changed

(3) ID Number: 484

(4) Check appropriate box(es):

- Candidate Office Sought: DeBary Mayor/Seat 5
- 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 8 / 4 / 2018 To 8 / 10 / 2018 Report Type: P6

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 \$, , -100 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -100 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 12 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 5 , 382 . 75

(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 Karen Chasez **(2) I.D. Number** 484
(3) Cover Period 8/4/2018 through 8/10/2018 **(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 Karen Chasez

(2) I.D. Number 484

(3) Cover Period 8/4/2018 through 8/10/2018

(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					
8/4/2018 //	City of DeBary, 16 Colomba Rd DeBary, Fl 32713	refund of sign deposit	MO		\$-100.00
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