

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
 [1170815]
 Submitted on:
 9/1/2018 12:57:48 (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)

Party Executive Committee (PTY)

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

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

(5) Report Identifiers

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

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 12 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 12 , 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 Karen Chasez (2) I.D. Number 484

1/1/2018 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 Karen Chasez

(2) I.D. Number 484

(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					
8/29/2018 //	Chasez, Karen 403 River Dr DeBary, Fl 32713	reimburse candidate loan	DI		\$6,130.04
1					
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