

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Howard Gates  
 Name  
 (2) 34 Sunset Dr.  
 Address (number and street)  
DeBary, FL 32713  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1165190]

Submitted on:  
 8/3/2018 22:07:55 (eastern)

Check here if address has changed (3) ID Number: 490

(4) Check appropriate box(es):

Candidate Office Sought: DeBary Council Seat 3

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 7 / 21 / 2018 To 7 / 27 / 2018 Report Type: P4

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 \$        ,        , 489 . 25

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 489 . 25

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 4 , 291 . 38

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 3 , 670 . 07

### (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 Howard Gates (2) I.D. Number 490

7/21/2018 through 7/27/2018

(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 Howard Gates

(2) I.D. Number 490

(3) Cover Period 7/21/2018 through 7/27/2018

(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					
7/25/2018 / /	WELLS FARGO BANK, 2502 ENTERPRISE RD ORANGE CITY, FL 32763	monthly fee	MO		\$10.00
1					
7/27/2018 / /	CHRIS BOVE ENTERPRISES, LLC, 243 PLUMOSA RD DEBARY, FL 32713	sign installation and materials	MO		\$479.25
2					
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