	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Michael Chuven	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1167741]						
(2)	407 Miriam Ave.	Submitted on:						
	Address (number and street) Holly Hill, FL 32117	8/16/2018 00:41:46 (eastern)						
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 508						
(4)	Check appropriate box(es):							
\ - ,		yor ☐ Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
	(5) Report	Identifiers						
Cov	er Period: From <u>8</u> / <u>4</u> / <u>2018</u> To	8 / 10 / 2018 Report Type: P6						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$, , 0 . <u>00</u>	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota	al Monetary \$, , 0 . <u>00</u>	Total Monetary \$, , 6 . 74						
In-Ki	ind \$, , 0 . <u>00</u>							
		(8) Other Distributions \$, , <u>0</u> 00						
(9)	TOTAL Monetary Contributions To Date \$,3 ,59000_	(10) TOTAL Monetary Expenditures To Date \$, 2 , _95171						
Ιc	(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 Treasurer Deputy Treasurer electioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Chuven				2) I.D. Numbe	er5	0.8
	8/4/2018 od///		8	/10/2018 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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J I							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Michael	Chuve	en				 (2) I.D. Num	ber	5	808	30
	8	3/4/20	18		8/10/20	018	-				
(3) Cover P	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
8/4/2018	Office Depot, 1560 S. Nova Rd	office supplies	MO		\$6.74
	Daytona Beach, FL 32114				
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