CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kathy Bittle	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	291 Lagoon Ave.; PO Box 264	Submitted on:							
	Address (number and street)	8/8/2018 08:35:37 (eastern)							
	Oak Hill, FL 32759								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:537							
(4)	Check appropriate box(es):								
	 ∑ Candidate Office Sought: Oak Hill Commission Seat 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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	t Identifiers							
Cov	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2018}$ To								
X O	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , , 000	Total Monetary \$, , _40 . 00							
In-Ki	ind \$,,000								
		(8) Other Distributions \$, , <u>0</u> 00							
(9) TOTAL Monetary Contributions To Date \$\[\]									
(T		rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)							
<u>X</u>		<u>X</u>							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kathy Bittle	(2) I.D. Number						
	1/1/2018		1	2/31/2018				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e 1	of	
				r	Г			
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name (Last, Suffix, First, Middle)							
(6) Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _K	Kathy	Bittle				74 10	(2) I.	D. Numbe	er	5	37	
		1/1/20	18		12/31/	2018						
(3) Cover Po	eriod	1	1	through	1	1	(4) P	age 1	L	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
8/8/2018	bittle, kathy 291 lagoon ave oak hill, fl 32759	refund from filing fee	RE		\$-60.00
1					
8/8/2018	bittle, kathy 291 lagoon ave oak hill, fl 32759	closing of account. refund of donation	МО		\$100.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Kat	hy Bittle	(2)	I.D. Number 537				
(3) Cover Perio	od thro	ough12/31/2018	(4) Page	• <u> </u>	of1		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10)	(11)		
8/8/2018	bittle, kathy 291 lagoon ave oak hill, fl 32759				\$100.00		
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