CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Jaclyn Carrell	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	3219 Clear Springs Tr.	Submitted on:							
	Address (number and street)	11/10/2021 16:42:29 (eastern)							
	DeLand, FL 32724 City, State, Zip Code								
		(2) ID Number							
(4)	Check here if address has changed	(3) ID Number: 756							
(4)	Check appropriate box(es): Candidate Office Sought: School Board Member, District 1 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							
Cove	er Period: From 10 / 1 / 2021 To								
	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
	I Monetary \$,,,00	Total Monetary \$, , _32 . 00							
In-Ki	ind \$,, <u>0</u> . <u>00</u>	(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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 or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)								
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jaclyn Carrell	(2) I.D. Number							
(3) Cover Perio	10/1/2021 od//	throu	gh	0/31/2021	(4) Pag	e <u>1</u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	1	(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code		tributor Occupation	Contribution Type	In-kind 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	Jaclyn	Carrel	L1				(2) I.D. Numbe	er	7	'56	39
		10/1/2	021		10/31/	2021					
(3) Cover Po	eriod	1	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
10/13/2021	Elections, Supervisor of 1750 S.Woodland Blvd DeLand, FL 32724	petition verification	MO	Add	\$32.00
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DS-DE 14 (Rev.	4440.)				**