CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Barbara Girtman	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1426 Villa Court	Submitted on:							
	Address (number and street) DeLand, FL 32724	2/5/2023 19:30:04 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 769							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Council 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 6 / 18 / 2022 To								
0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , 8 . 60							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , , 000	Total Monetary \$, , 8 . 60							
In-Ki	nd \$,, <u>0</u> .00								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$, _61_, _15867_ (10) TOTAL Monetary Expenditures To Date \$, _58_, _50266_								
(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								
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Barbara Girtman				2) I.D. Numbe	er	69
(3) Cover Perio	6/18/2022 od//	thro	7 Duah	/1/2022 /	(4) Pag	e 1	of ⁰
(o) cover rem				· ·			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Barbara	Girtm	nan				(2) I.D.	Number		769	
	6	5/18/2	022		7/1/202	22					
(3) Cover Po	eriod	1	1	through	1	1	(4) Pag	e 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
6/30/2022	Bel, Thelma tbd tbd, tb tbd	tbd	MO	Delete	\$50.00
6/30/2022	Bel, Thelma 469 Tradewinds Drive Deltona, FL 32738	labor	МО	Add	\$50.00
6/29/2022	Obes, Brian tbd tbd, tb tbd	tbd	MO	Delete	\$45.00
6/29/2022	Obes, Brian 277 Heronwood Circle Deltona, FL 32725	labor	МО	Add	\$45.00
6/21/2022	Anedot, 1340 Poydras Street Suite 1770 New Orleans, LA 70112	credit card fee	МО	Add	\$8.60
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