	CAMPAIGN TREASURE	ER'S REPORT SUMMARY						
(1)	Shawn Michael Goepfert	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	5501 St. Regis Way	Submitted on:						
	Address (number and street)	8/15/2024 12:37:08 (eastern)						
	Port Orange, FL 32128							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 973						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Port Orange Co	ouncil District 3						
	Political Committee (PC)	Chack have if BC as ECO has dishanded						
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cove	` ' '							
	rer Period: From 8 / 3 / 2024 To							
Пο	Driginal ☐ Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	-	Monetary						
Casl	h & Checks \$, , 0 . 00	Expenditures \$, , 608 . 00						
•	e 0.00							
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$						
Tato	\$ 0.00	Office Account \$, , , 0 . 00						
10เล	al Monetary \$, , 0 . 00	Total Monetary \$. 608.00						
اب الا	• • • •	Total Monetary \$, , 608 . 00						
In-Ki	ind \$,, <u>0</u> .00	(a) Other Blatchhadiana						
		(8) Other Distributions \$, , 0.00						
		\$,, <u>0</u> 00						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>12</u> , <u>368</u> . <u>59</u>						
		tification son to falsify a public record (ss. 839.13, F.S.)						
١٥	-							
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Shawn Michael Goepf	ert			2) I.D. Numbe	er <u>9</u>	73
	8/3/2024		8	/15/2024		1	0
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	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 _S	hawn M	Iichael	Goep:	fert			 (2) I.D. Nun	nber	9	3 73	
		8/3/20:	24		8/15/2	024		-			
(3) Cover Pe	riod	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
8/11/2024	Seacoast Bank, 4720 Clyde Morris Blvd Port Orange, FL 32129	bank fee august	МО	Add	\$10.00
1		·			
8/12/2024	ValPac of Daytona Beach, PO Box 291164 Daytona Beach, FL 32129	campaign marketing	MO	Add	\$598.0C
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in 50					
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