

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Deborah Gillis  
 Name  
 (2) 82150 Overseas Hwy  
 Address (number and street)  
 Islamorada, FL 33036  
 City, State, Zip Code

Check here if address has changed

## OFFICE USE ONLY



Deb Gillis <debgillis@att.net>  
 To Marne McGrath

Tue 7/30/2024 3:58 PM

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es): **Village Council seat 3**

Candidate Office Sought: \_\_\_\_\_

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

Cover Period: From 7/20/2024 To 7/26/2024 Report Type: 24P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$       ,      ,      .      

Loans \$       ,      ,      .00

Total Monetary \$       ,      ,      .00

In-Kind \$       ,      ,      .      

### (7) Expenditures This Report

Monetary Expenditures \$       ,      ,      .00

Transfers to Office Account \$       ,      ,      .      

Total Monetary \$       ,      ,      .00

### (8) Other Distributions

\$       ,      ,      .      

### (9) TOTAL Monetary Contributions To Date

\$       ,      ,      .00

### (10) TOTAL Monetary Expenditures To Date

\$       ,      ,      .00

### (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) Deborah Gillis

Individual (only for IE)  Treasurer  Deputy Treasurer  
 or electioneering comm.)

x Deborah Gillis

Signature

(Type name) Deborah Gillis

Candidate  Chairperson (only for PC and PTY)

x Deborah Gillis

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Deborah Cillis (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07 / 20 / 2024 through 07 / 26 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /							
none							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deborah Gillis

**(2) I.D. Number** \_\_\_\_\_

**(3) Cover Period** 07 / 20 / 2024 **through** July / 26 / 2024

(4) Page 1 of 1