

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

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Village Council seat 3

☐ 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

OFFICE USE ONLY

Campaign report 24P6



Deb Gillis <debzilla@att.net>

To: Marne McGrath

Wed 8/7/2024 9:25 AM

(5) Report Identifiers

Cover Period: From 7 / 27 / 2024 To 8 / 2 / 2024 Report Type: 24P6

☒ 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

\$ _____ , 15 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 000 . 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 or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

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 Gillis (2) I.D. Number _____

(3) Cover Period 07 / 27 / 2024 through 08 / 2 / 2024 (4) Page 1 of 1

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

(1) Name Deborah Gillis (2) I.D. Number _____

(3) Cover Period 07 / 27 / 2024 through 08 / 02 / 2024 (4) Page 1 of 1

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES