

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Deborah Gillis

OFFICE USE ONLY

(2) 82150 Overseas Hwy

Address (number and street)  
Islamorada, FL 33036

City, State, Zip Code

Check here if address has changed

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

2022-10-12 A10:12

(4) Check appropriate box(es):

Candidate Office Sought: Village Council seat 4

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 10 / 1 2022 To 10 / 7 2022 Report Type: 2022G1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 500.00

Loans \$  

Total Monetary \$ 500.00

In-Kind \$  

### (7) Expenditures This Report

Monetary Expenditures \$  

Transfers to Office Account \$  

Total Monetary \$  

### (8) Other Distributions

\$  

### (9) TOTAL Monetary Contributions To Date

\$ 18,050.00

### (10) TOTAL Monetary Expenditures To Date

\$ 14787.99

## (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 EXPENDITURES**

(1) Name Deborah Gillis

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

(3) Cover Period 10 / 1 / 2022 through 10 / 7 / 2022

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 10 / 1 / 2022 through 10 / 7 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Contributor Type	Occupation				
10 1 2022 / /	BP30251 LLC 88521 O/S Hwy unit 12 Tavernier, Fl 33070	B	retail	CHE			500.00
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