

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



Deb Gillis <debzilla@att.net>

To Marne McGrath

Tue 7/16/2024 11:38 PM

(5) Report Identifiers

Cover Period: From 6 / 29 / 2024 To 7 / 12 / 2024 Report Type: 24P3

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , 15,000 .00

Total Monetary \$ _____ , 15,000 .00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 3,000 .00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 3,000 .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

Signature

(Type name) Deborah Gillis

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deborah Gillis

(2) I.D. Number _____

(3) Cover Period Jan / 292 / 2024 through July / 12 / 2024

(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
(6) Sequence Number					
7 / 12 / 2024	Balletfy 216 Coral Rd Islamorada, Fl 33036		CAN		\$3000.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
DS-DE 14 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06 / 29 / 2024 through 07 / 12 / 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
(6) Sequence Number		Type	Occupation	Type	Description		
07 / 12 / 2024 1	Deborah Gillis 82150 Overseas Hwy Islamorada, FL 33036	I	motel owner	LOA			\$15,000.00
/ /							
/ /							
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