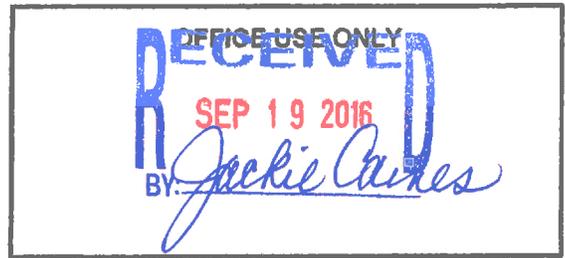


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson  
 Name  
 (2) 554 Woodford Drive  
 Address (number and street)  
DeBary FL 32713  
 City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: DeBary City Council Seat #2
- 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 09' 03' 16 To 09' 16' 16 Report Type: \_\_\_\_\_

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, 842. 16

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 29. 37

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 2,187. 84

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 2,187. 84

### (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) PAUL C. ABRAMSON  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) Paula Abramson  
 Candidate  Chairperson (only for PC and PTY)

X Paula Abramson  
 Signature

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

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 09/03/16 through 09/16/16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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	Amendment	Amount
09/16/16	Paula Abramson 554 Woodford Dr DeBary FL 32713	S		REF			-842.16
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 09/03/16 through 09/16/16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
09/03/16	Paul Abramson 554 Woodford Dr DeBary FL 32713	Repayment for lunch and water.	Mon		29.37
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

Account Type BUSINESS FUNDAMENTALS CHK Account Number XXXX2521  
Account Title PAULA ANN ABRAMSON  
CAMPAIGN ACCOUNT  
Account Address 554 WOODFORD DR  
DEBARY FL 32713-2123

Disbursement Amount/Method \$ 842.16  Cash  Cashier's Check  Transfer to account ending in \_\_\_\_\_

**What you confirmed with us:**

- You told us there are no pending transactions.
- You told us about the pending transactions listed on page 2 and left a balance in your account to cover them. If additional checks or other debits are outstanding, they may be paid before the transactions you told us about. This would reduce your balance or may cause some transactions to be returned unpaid.  

Your account is set to close when your balance reaches zero. However, if a balance remains in your account at the end of 10 business days, we'll begin to process your request to close your account, which may take up to 20 business days. We will close your account even if your account has a balance or transactions you told us about are still outstanding. We'll transfer any positive balance to account ending in \_\_\_\_\_ or if no account is listed, mail a check to you at the address on your account.
- Your account is overdrawn. To close the account, you need to make a deposit to bring the account to zero. We'll cancel all account services, no withdrawals may be made, and only deposits are allowed to the account. We may make collection efforts to collect the overdraft.

**What you need to know:**

**Automatic Deposits and Payments:** After the account closes, we will return checks and other debits, and deposits and other credits, that we receive with a statement that the account is closed, such as "Account Closed." You need to contact the originator who is sending automatic deposits (such as the Social Security Administration or your employer) or automatic payments (such as your phone or insurance company) to make other payment arrangements or cancel the transactions. We listed automatic deposits and payments on page 2 that have posted to your account in the last 34 days.

**Balance Must Reach Zero:** For the account to close, the balance must reach zero. Until the account closes, we may continue to post debits and credits to the account. Debits will be returned unpaid if the account does not have enough available funds to pay them.

**Account Statements:** You may receive one or two additional statements after the account is closed.

**Business Account Customers:** If you use Bank of America Merchant Services, call 1-800-430-7161 to close the separate Merchant Services account. Also, return night deposit bags and keys to your local financial center.

**Bank Information**

Date 09/16/2016  
Financial Center Name FOUR TOWNS  
Associate's Name Melissa Hairs  
Associate's Phone Number 386-951-2933

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson  
 Name  
 (2) 554 Woodford Drive  
 Address (number and street)  
DeBary FL 32713  
 City, State, Zip Code

OFFICE USE ONLY  
 CITY OF DEBARY  
 SEP 09 2016  
 RECEIVED

*Jackie Gaines*

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: DeBary City Council Seat #2
- 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 08/26/16 To 09/02/16 Report Type: G1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ . 0

Loans \$ \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ . 0

In-Kind \$ \_\_\_\_\_ . 0

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 332.92

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 3,030.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 2,158.47

### (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) Paul C. Abramson  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

(Type name) Paula Abramson  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

X Paula Abramson  
 Signature

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

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08/26/16 through 09/02/16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

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

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

(1) Name Paula Abramson

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

(3) Cover Period 08/26/16 through 09/02/16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
08/27/16	Walmart 2400 Veterans Memorial Hwy Orange City FL 32763	Event Supplies	MON		96.02
08/31/16	Genuine Bistro 2 S. Charles Richard Beall Blvd DuBurg FL 32713	"Thank You" Event	MON		246.90

## CAMPAIGN TREASURER'S REPORT SUMMARY



(1) Paula Abramson  
Name

(2) 554 Woodford Drive  
Address (number and street)

DeBary FL 32713  
City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: DeBary City Council Seat #2
- 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 08/13/16 To 08/25/16 Report Type: PL6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 170.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 41.54

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 3,030.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1,825.55

### (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) Paul C. Abramson

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

X \_\_\_\_\_  
Signature

(Type name) Paula Abramson

Candidate  Chairperson (only for PC and PTY)

X Paula Abramson  
Signature

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

(1) Name Paula Abramson

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

(3) Cover Period 08, 13, 16 through 08, 25, 16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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					
08/13/16	Family Dollar 58 US 17 DeBary FL 32713	Event Supplies	MON		20.24
08/23/16	Volusia County 123 W. Indianahve DeLand FL 32720	Pavillion Rental	MON		21.30
11					
11					
11					
11					
11					

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

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08/13/16 through 08/25/16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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		Amount
08,13,16	David Abramson 2859 Stags Leap Dr Orange City FL 32763	I	Retired	CHE			100.00
08,13,16	Mr+Mrs Bergevine 9 Canter Club Ct. DeBary FL 32713	I		CHE			50.00
08,13,16	Hugh O'Neil 43 Rice Ave Deland FL 32724	I		CHE			20.00
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson  
 Name  
 (2) 554 Woodford Drive  
 Address (number and street)  
DeBary FL 32713  
 City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: DeBary City Council Seat #2
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 07/30/16 To 08/12/16 Report Type: P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 40.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 152.51

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 2,860.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1,784.01

### (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) PAUL C. ABRAMSON

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

[Signature]  
 Signature

(Type name) Paula Abramson

Candidate  Chairperson (only for PC and PTY)

[Signature]  
 Signature

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

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07,30,116 through 08,12,116 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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		Amount
08, 11, 116	Sally Chiodo 232 Buena Vista St. DeBary FL 3273	I	Retired	CAS			40.00
/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Paula Abramson

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

(3) Cover Period 07/30/16 through 08/12/16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
08/09/16	Volusia County 123 W. Indiana Ave Deland FL 32720	Pavilion Rental	MON		37.28
08/12/16	Walmart 2400 Veterans Memorial Hwy Orange City FL 32763	Event Supplies	MON		115.23
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson

Name

(2) 554 Woodford Dr.

Address (number and street)

DeBary FL 32713

City, State, Zip Code

Check here if address has changed



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

(4) Check appropriate box(es):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Candidate    Office Sought: <u>DeBary City Council Seat #2</u><br><input type="checkbox"/> Political Committee (PC)<br><input type="checkbox"/> Electioneering Communications Org. (ECO)<br><input type="checkbox"/> Party Executive Committee (PTY)<br><input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | <input type="checkbox"/> Check here if PC or ECO has disbanded<br><input type="checkbox"/> Check here if PTY has disbanded<br><input type="checkbox"/> Check here if no other IE or EC reports will be filed |
|--|--|

### (5) Report Identifiers

Cover Period: From 07 / 23 / 16 To 07 / 29 / 16 Report Type: P4

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_  
 Loans                      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_  
 Total Monetary        \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_  
 In-Kind                    \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 461 . 87  
 Transfers to Office Account      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary              \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 2,820 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 1,631 . 50

### (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) Paul C. Abramson  
 Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) Paula Abramson  
 Candidate     Chairperson (only for PC and PTY)

X Paula Abramson  
 Signature

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

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/23/16 through 07/29/16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Paula Abramson

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

(3) Cover Period 07/23/16 through 07/29/16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

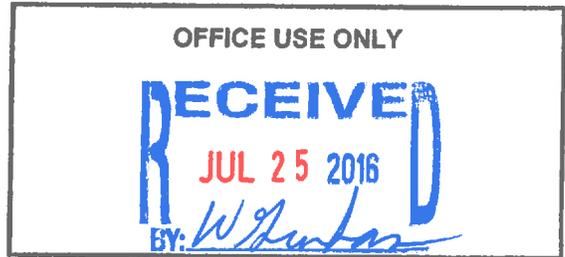
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
07/26/16	Lowe's 901 Saxon Blvd Orange City FL 32763	Wood for signs	MON		24.88
07/28/16	Graphic Source of Central Florida 637 S. Charles Richard Beal Blvd. Suite 3 DeBary FL 32713	Campaign Signs	MON		436.99
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///					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson  
Name

(2) 554 Woodford Dr.  
Address (number and street)

DeBary FL 32713  
City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate    Office Sought: DeBary City Council Seat #2
- 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 07/09/16 To 07/22/16 Report Type: P3

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_, \_\_\_\_\_, 20.00

Loans                      \$ \_\_\_\_\_, 2,000.00

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind                    \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_, \_\_\_\_\_, 636.99

Transfers to Office Account      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, ~~1,169.63~~

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 2,820.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1,169.63

### (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) PAUL C. ABRAMSON

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

(Type name) Paula Abramson

Candidate     Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

X Paula Abramson  
Signature

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

(1) Name Paula Abramson

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

(3) Cover Period 07/09/16 through 07/22/16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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					
07/13/16	Graphic Source of Central Florida 637 S Charles Richard Pearl Blvd. Suite 3 DeBary FL 32713	Campaign Signs	Mon		436.99
07/15/16	West Volusia Regional <del>Chamber</del> 132 Treemont Dr. Orange City FL 32763	Candidate Hob Nob	Mon		200.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07, 09, 16 through 07, 22, 16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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		Amount
07, 13, 16	Paula Abramson 554 Woodford Dr DeBary FL 32713	S		Loan			2000. <sup>00</sup>
07, 18, 16	Mr & Mrs. Siple 145 Kurtwood Dr DeBary FL 32713	I	Retired	Check			20. <sup>00</sup>
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson  
Name

(2) 554 Woodford Dr.  
Address (number and street)

DeBary FL 32713  
City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: DeBary City Council Seat #2
- 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 06/25/16 To 07/08/16 Report Type: P2

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$ \_\_\_\_\_

Loans    \$ \_\_\_\_\_ 400.00

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures    \$ \_\_\_\_\_ 356.64

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_ 356.64

### (8) Other Distributions

\$ \_\_\_\_\_ 532.64

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 800.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 532.64

### (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) PAUL C. ABRAMSON

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

X \_\_\_\_\_  
Signature

(Type name) Paula Abramson

Candidate     Chairperson (only for PC and PTY)

X Paula Abramson  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
06/29/16	Paula Abramson 554 Woodford Dr DeBary FL 32713	S		Loan			1400.00
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/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Paula Abramson

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

(3) Cover Period 06/25/16 through 07/08/16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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					
06/28/16	Walmart 2400 Veterans Memorial Pkwy Orange City FL 32763	Event Supplies	Mon		89.54
06/29/16	RNS Investment Group llc. 15 S Charles Beall Blvd. DeBary FL 32713	Advertising	Mon		200.00
07/01/16	Kimi Embroidery Inc 831 Diplomat Dr. Ste 108C DeBary FL 32713	Event T-shirts	Mon		67.10
/ /					
/ /					
/ /					
/ /					
/ /					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Abramson  
Name

(2) 554 Woodford Drive  
Address (number and street)

DeBary FL 32713  
City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: DeBary City Council Seat 2

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 06/01/16 To 06/24/16 Report Type: PI

Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans                      \$ \_\_\_\_\_ , \_\_\_\_\_ , 400.00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind                    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 176.00

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 176.00

(8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 400.00

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 176.00

### (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) Paul C. Abramson

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

X \_\_\_\_\_  
Signature

(Type name) Paula Abramson

Candidate       Chairperson (only for PC and PTY)

X Paula Abramson  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Paula Abramson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 06/01/16 through 06/24/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
06/17/16	Paula Abramson 554 Woodford Dr DeBary FL 32713	S		Loan			400. <sup>00</sup>
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Paula Abramson

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

(3) Cover Period 06/01/16 through 06/24/16

(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					
06/20/16 01	Volusia County 125. W New York Ave Deland FL 32720	Petition Review	Mon		3.00
06/23/16 02	Community Partnership Program Inc. P.O. Box 530214 DeBary FL 32753	Event Registration	Mon		25.00
06/24/16 03	City of DeBary 16 Colomba Rd DeBary FL 32713	Sign Fee	Mon		100.00
06/24/16 04	Volusia County 125 W. New York Ave Deland FL 32720	Qualif.	Mon		48.00
11					
11					
11					
11					