

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Lisa Cullen
Name
(2) 5165 Pine Street
Address (number and street)
Cocoa, FL 32927
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1032558]
Submitted on:
1/8/2012 16:16:10 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 390

(4) Check appropriate box(es):
 Candidate (office sought): Tax Collector
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/1/2011 To 12/31/2011 Report Type Q4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 600.00
 Loans \$ 0.00
 Total Monetary \$ 600.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 391.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 391.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 900.00

(10) TOTAL Monetary Expenditures To Date
 \$ 412.00

(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) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X _____
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lisa Cullen **(2) I.D. Number** 390
(3) Cover Period 10/1/2011 through 12/31/2011 **(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 |
|-------------------|--|--|------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 10/17/2011 / / | Davis, Dale 1612 Mitchell Street Apt. 2 Melbourne, FL 32901 | I | | CH | | | \$100.00 |
| 1 | | | | | | | |
| 10/17/2011 / / | Causey, Dorothy C 18930 C.R. 561 N Clermont, FL 34715 | I | government employee | CH | | | \$500.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Cullen

(2) I.D. Number 390

(3) Cover Period 10/1/2011 through 12/31/2011

(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 | | | | | |
| 11/3/2011 // | MAAR, 1450 Sarno Road Melbourne, FL 32935 | facility rental | MO | | \$371.00 |
| 1 | | | | | |
| 11/30/2011 // | Suntrust Bank, P.O. Box 62227 Orlando, FL 32862 | account fee | MO | | \$10.00 |
| 2 | | | | | |
| 12/30/2011 // | Suntrust Bank, P.O. Box 62227 Orlando, FL 32862 | account fee | MO | | \$10.00 |
| 3 | | | | | |
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