CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lacey Campaign Committee

Name

(2) 2822 Sonoma Way

Address (number and street)

Viera, FL 32955

City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 463

(4) Check appropriate box(es):

☐ Candidate   Office Sought: _____

☒ 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   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 1 / 2021   To 10 / 31 / 2021   Report Type: M10

☐ Original   ☒ Amendment   ☐ Special Election Report

(6) Contributions This Report

Cash & Checks $ ___ , ___ , 0 . 00

Loans $ ___ , ___ , 0 . 00

Total Monetary $ ___ , ___ , 0 . 00

In-Kind $ ___ , ___ , 0 . 00

(7) Expenditures This Report

Monetary
Expenditures $ ___ , ___ , 0 . 00

Transfers to
Office Account $ ___ , ___ , 0 . 00

Total Monetary $ ___ , ___ , 0 . 00

(8) Other Distributions

$ ____ , ____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

$ ____ , 2 , 550 . 68

(10) TOTAL Monetary Expenditures To Date

$ ____ , 2 , 545 . 86

(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 IE   ☐ Treasurer   ☐ Deputy Treasurer
or electioneering comm.)

X _____

Signature

(Type name) _____

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____

Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ___Lacey Campaign Committee___   **(2) I.D. Number** ___463___

(3) Cover Period 10/1/2021 ___ / ___ / ___ through 10/31/2021 ___ / ___ / ___ **(4) Page** ___1___ of ___0___

(5) Date / (6) Sequence Number	(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
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DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lacey Campaign Committee   **(2) I.D. Number** 463

(3) Cover Period 10/1/2021 / / through 10/31/2021 / /   **(4) Page** 1 of 0

(5) Date / (6) Sequence Number	(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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DS-DE 14 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES