CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Lisa Cullen	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1227450]							
(2)	5165 Pine Street	Submitted on:							
	Address (number and street)	8/24/2020 16:10:28 (eastern)							
1	Cocoa, FL 32927								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 805							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: Tax Collector								
	Political Committee (PC)	Check have if BC as ECO has dishanded							
		<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>							
	☐ 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							
Cove									
		9 / 10 / 2020 Report Type: TRMJQ							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	h & Checks \$ , , ,000	Expenditures \$ , 5 , 100 . 00							
	• 0 00								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
T.4.	0 00	Office Account \$ , , , 0 . 00							
lota	Il Monetary \$ , , 0 . 00	Total Monetary \$ . 5 100 . 00							
T 12:	• • 0 00	Total Monetary \$ , , , 100 . 00							
In-Ki	ind \$,,								
		(8) Other Distributions \$ 0 00							
-		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>18</u> , <u>298</u> . <u>74</u>	\$, <u>18</u> , <u>298</u> . <u>74</u>							
	(11) Cert								
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
Ιc	I certify that I have examined this report and it is true, correct, and complete:								
(T)	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
	gnature	Signature							

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

(1) Name	Lisa Cullen				2) I.D. Numbe	ا <b>ا</b>	105
	6/12/2020		9	/10/2020			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
f I							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1		,					
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name <u>Lisa</u>	a	Cullen					 (2) I.D. Nun	nber	8	305	
		6/12/20	20		9/10/2	020		-			
(3) Cover Perio	d	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/15/2020	Cullen, Lisa 5165 Pine Street Cocoa, FL 32927	loan repayment	MO		\$5,100.00
8/3/2020	EFSC Foundation Inc., 3865 North Wickham Road Melbourne, FL 32935	donation	DI		\$2,000.00
8/3/2020	National Veterans Homeless Sup, 1436 King Street Cocoa, FL 32922	donation	DI		\$1,000.00
8/24/2020	Michael-Gene Kids BB Found , 750 W New Haven Ave Melbourne, FL 32901	donation	DI		\$759.32
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