CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Lucas Jackson Rollison	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1266069]							
(2) PO Box1857 Address (number and street)	Submitted on:							
Cross City, FL 32628	6/24/2022 16:14:21 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 202							
(4) Check appropriate box(es):								
Candidate Office Sought: <u>School Board</u>	Member - District 5							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	 Check here if PC or ECO has disbanded 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 <u>5</u> / <u>1</u> / <u>202</u> 2 To	5/ 31/ 2022 Report Type:M5							
🗌 Original 🛛 Amendment 🗌 Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, 0 00	Expenditures \$, , <u>12</u> . <u>60</u>							
Loans \$,,0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$,,,,							
In-Kind \$,,000								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, 100 . 00	\$,, 12 . 60							
(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:								
	I							
(Type name)	(Type name)							
or electioneering comm.)								
x	X							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name				(2) I.D. Number			
	5/1/2022		5	5/31/2022				
(3) Cover Perio	od / /	thro	bugh	11	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
1 1	-							
/ /	_							
1 1	_							
1 1	-							
1 1	_							
1 1	_							
/ /	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Luca	CAMPAIGN TREASURER's Jackson Rollison			EXPENDITURES 2) I.D. Number		
(3) Cover Period	5/1/2022 I/through_	5/31/2022 / /	(4) Page <u>1</u>	of	1	
(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	
	Supervisor of Elections Office, 229 NE 351 Hwy, Site A Cross City, FL 32628	petition verification	MO	Add	\$12.60	
_/ /						
_/ /						
_/ /						
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES