	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Lucas Jackson Rollison	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1280513]						
(2)	PO Box1857	Submitted on:						
	Address (number and street) Cross City, FL 32628	9/12/2022 10:14:33 (eastern)						
	City, State, Zip Code	<del></del>						
	Check here if address has changed	(3) ID Number: 202						
(4)	Check appropriate box(es):	(0) 15 Number						
(4)	☐ Candidate Office Sought: School Board	Member - District 5						
	Political Committee (PC)	Picture 5						
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>						
	individual making electioneering communications)	Check liere it to other ie of ec reports will be filed						
_		t Identifiers						
		9 / 15 / 2022 Report Type: <u>TR2</u>						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	h & Checks \$ , , 0 . 00	Monetary						
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , 0 . 00						
Tota	Il Monetary \$ , , , 000	Total Monetary \$ , , 57 . 40						
In-Ki	ind \$ , , 0 . 00							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>100</u> 00	\$,, _10000						
	(11) Cert It is a first degree misdemeanor for any pers	tification on 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:								
(T)	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
	gnature	Signature						

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

(1) Name	Lucas Jackson Rolli		(2) I.D. Number						
	6/18/2022		9	/15/2022					
(3) Cover Perio	od / /	thro	ough	11	(4) Pag	e	of		
		T		r					
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date (6)	Full Name (Last, Suffix, First, Middle)								
(o) Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
0m0 1549/00 EV2 0123 (mm2 1000m1)	The Co		200-21-2004-200-7 <b>1</b> 0-2-20-3-20-20-6-5-20-0	Section (2)	to control the strength of the control of the contr		para Sant Per Pepaga Perintan Persona		
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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	Lucas	Jackso	n Roll	ison			 (2) I.D. Nur	nber	2	202	
		6/18/2	2022		9/15/20	022	-	-			
(3) Cover Po	eriod	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
6/30/2022	Capital City Bank, PO Box 900 Tallahassee, FL 32302	service charge	MO		\$10.00
7/29/2022	Capital City Bank, PO Box 900 Tallahassee, FL 32302	service charge	МО		\$10.00
8/31/2022	Capital City Bank, PO Box 900 Tallahassee, FL 32302	service charge	МО		\$10.00
9/12/2022	Capital City Bank, PO Box 900 Tallahassee, FL 32302	closing account	МО		\$27.40
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