CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Lisa King	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1190336]							
(2) 9158 Heckscher Drive	Submitted on:							
Address (number and street) Jacksonville, FL 32226	8/2/2019 15:50:05 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 936							
(4) Check appropriate box(es):								
Candidate Office Sought: City Council	At Large Group 1							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	<ul> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> </ul>							
	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>4</u> / <u>6</u> / <u>201</u> 9 To	4 / <u>12</u> / <u>2019</u> Report Type: <u>G3</u>							
□ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , , 000	Expenditures \$,, <u>150</u> .00							
<b>\$</b> 0.00	<b>T</b>							
Loans \$,, <u>0</u> .00	Transfers to           Office Account         \$,,							
Total Monetary \$ , , 0 . 00	· · · · · · · · · · · · · · · · · · ·							
	Total Monetary \$, ,150.00							
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
<b>\$</b> , <u>144</u> , <u>924</u> . <u>00</u>	\$, 142 , 167 . 59							
(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)	(Type name)							
or electioneering comm.)								
X	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameLisa King				(2) I.D. Number				
	4/6/2019	4/12/2019						
(3) Cover Perio	od/ /	thro	- ough	1 1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>	
			· · · · · · · · · · · · · · · · · · ·		_ () 0	N 9 <del>4</del>		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name		.,	x	A. 100 P.			
(6)	(Last, Suffix, First, Middle)							
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								
	-							
			-		S S	2		
1 1								
1 1								
	-							
1 1								
1 1	-							
4 1								
1 1	-							
1 1								
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Lisa	CAMPAIGN TREASURER'	(2	EXPENDIT 2) I.D. Number	936	
(3) Cover Period	4/6/2019 /through_	4/12/2019	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
	FOP Foundation, 5530 Beach Blvd Jacksonville, FL 32207	event fee	МО	Add	\$150.00
_/ /					
_/ /					
_/ /					
_/ /					
_/ /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES