CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Lawrence S Powell	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	5910 Otter Point Rd	Submitted on:								
	Address (number and street)	8/30/2018 01:10:56 (eastern)								
	Pensacola, FL 32504  City, State, Zip Code									
	_	(2) ID Noveley								
	Check here if address has changed	(3) ID Number: 595								
(4)	(4) Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: City of Pensacola Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
(5) Report Identifiers										
Cov	er Period: From 5 / 1 / 2018 To	5 / 31 / 2018 Report Type: M5								
		ecial Election Report								
(6) Casl	Contributions This Report  n & Checks \$ , -4 , 000 . 00	(7) Expenditures This Report  Monetary Expenditures \$ , , 0 . 00								
Loans \$,4 , _00000		Transfers to Office Account \$ , , 0 . 00								
Total Monetary \$		Total Monetary \$ , , , 0 . 00								
In-Ki	ind \$ , , 0.00	· · · · · · · · · · · · · · · · · · ·								
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date \$ ,24 ,94363_	(10) TOTAL Monetary Expenditures To Date \$ ,20 , _46214								
(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    Deputy Treasurer										
_X		_X								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lawrence S Powell		(2) I.D. Number						
	5/1/2018			/31/2018					
(3) Cover Peri	od//	thre	ough	<i>l l</i>	(4) Pag	ge <u>1</u>	of 1		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
5/19/2018 / /	Powell, Lawrence S 5910 OTTER POINT RD PENSACOLA, FL 32504-7947		educator	CH	Description	Delete	\$4,000.0		
1									
5/19/2018 / /	Powell, Lawrence S 5910 OTTER POINT RD PENSACOLA, FL 32504-7947	S	educator	LO		Add	\$4,000.0		
2									
1 1									
J I									
f I	_								
j j	_								
1 1									
1 1									

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name Lawrence S Powell (2) I.D. Number 595										
	5/1/2018 5/. / / through	31/2018	1) Page <u>1</u>		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)	(11) Amount					
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