CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Paula Lessard Name	OFFICE USE ONLY ONLINE SUBMISSION [1240688]								
(2)	10731 NW 70th Ave	Submitted on:								
	Address (number and street) Chiefland, FL 32626	12/15/2020 07:56:09 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 263								
(4) Check appropriate box(es):										
	<ul> <li>☐ Candidate Office Sought: Soil and Water Conservation Board, District 2</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 10 / 30 / 2020 To	2 / 1 / 2021 Report Type:TRG								
<u>X</u> 0	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$ , , 0 . 00	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 000	Total Monetary \$ , , 0 . 00								
In-Ki	and \$,,,	,,,								
		(8) Other Distributions \$ , , 00 _								
(9)	<b>TOTAL Monetary Contributions To Date</b> \$,,,	(10) TOTAL Monetary Expenditures To Date \$ , , 80 00								
_(T		tification on to falsify a public record (ss. 839.13, F.S.)  ect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)								
	electioneering comm.)									
<u>X</u>		_X								
Si	gnature	Signature								

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

(1) Name	Paula Lessard				2) I.D. Numbe	r2	63
	10/30/2020		2	/1/2021			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e <u>1</u>	of
-							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	SECOND DESCRIPTION OF SECOND		Date: 1200000010		
Sequence Number	Street Address &		ontributor Occupation	Contribution	In-kind	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
.7 7							
1 1							
1 1							
<u> </u>							
1 1							
8			-				
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1 1							
I = I							
24 52							
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1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _F	Paula	Lessard	£				 (2) I.D. Nun	nber	2	263	
		10/30/	2020		2/1/202	1		-			
(3) Cover Pe	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
12/13/2020	Lessard, Paula 10731 NW 70 th Ave Chiefland, FL 32626	termination	DI		\$6.31
1	chieffand, 12 52020				
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