

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Shuler  
Name

(2) 12795 NW MR Lane  
Address (number and street)

Bristol, FL 32321  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1118703]

Submitted on:  
8/10/2016 11:22:05 (eastern)

Check here if address has changed

(3) ID Number: 132

(4) Check appropriate box(es):

- Candidate Office Sought: Clerk of the Circuit Court
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 7 / 30 / 2016 To 8 / 5 / 2016 Report Type: P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 169 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 169 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 049 . 99

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 865 . 25

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name     Lisa Shuler     (2) I.D. Number     132      
 (3) Cover Period     7/30/2016     through     8/5/2016     (4) Page     1     of     1    

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type    Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/4/2016 /    /	Shuler, Lisa 12795 NW MR LANE BRISTOL, FL 32321	I	em assistant	CH			\$169.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Shuler

(2) I.D. Number 132

(3) Cover Period 7/30/2016 through 8/5/2016

(4) Page 1 of 0

(5) Date	(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
(6) Sequence Number					
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