CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Raquel Lozano	OFFICE USE ONLY ONLINE SUBMISSION							
(2)	Name 1615 Colleen Dr	[1212521]							
(4)	Address (number and street)	Submitted on:							
	Belle Isle, FL 32809	6/19/2020 23:25:33 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 185							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: Soil &amp; Water Conservation Dist. Supervisor Seat 3</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2020}$ To								
<u>X</u> 0	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,00	Total Monetary \$ , , _25 . 00							
In-Ki	ind \$,,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \								
(T	(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								
<u>X</u>		<u>X</u>							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Raquel Lozano				2) I.D. Numbe	er <u>1</u>	85
	6/1/2020		6	/12/2020		-	0
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Type	Occupation	туре	Description	7 111011111111111	Amount
J I							
J I							
j j							
f f							
f f							
J I							
J I							
J I							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _	Raquel	Lozano	)				 (2) I.D. Nun	nber	1	L85	
		6/1/20	20		6/12/2	020					
(3) Cover P	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
6/12/2020	Supervisor of Elections, 119 West Kaley Street Orlando, FL 32809	payment for qualifying candidacy	МО		\$25.00
6/12/2020	Wells Fargo, 2610 S Orange Ave Orlando, FL 32806	cashier's check with banking fees.	PS		\$63.00
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.	to the Miles	*			