CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) (2) (4)	Raquel Lozano  Name 1615 Colleen Dr  Address (number and street) Belle Isle, FL 32809  City, State, Zip Code  Check here if address has changed  Check appropriate box(es):  Candidate Office Sought: Soil & Water Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	OFFICE USE ONLY ONLINE SUBMISSION [1243304] Submitted on: 2/4/2021 00:58:56 (eastern)  (3) ID Number: 185  Conservation Dist. Supervisor Seat 3  Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)	. Idoutifican							
(5) Report Identifiers           Cover Period: From 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1           Original         Amendment           Special Election Report									
(6)	Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,,, Monetary Expenditures \$,,,									
Loar	\$	Transfers to Office Account \$ , , , 0 . 00  Total Monetary \$ , , 63 . 00							
In-Ki	ind \$,,, _0 . 00								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Raquel Lozano (2) I.D. Number 185							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 11101111111111	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Raque	el Loza	no				 (2) I.D. Nun	nber	-	185	
	6/1/2	2020		6/12/2	020		-			
(3) Cover Period		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 Election, 119 West Kaley Street Orlando, FL 32809	cashier's check with banking fee.	МО	Add	\$25.00
6/12/2020	Wells Fargo, 2610 S Orange Ave Orlando, FL 32806	cashier's check with banking fees.	МО	Add	\$38.00
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