	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Alaina Shaleen Slife	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	5526 Parkdale Dr	Submitted on:								
	Address (number and street)	6/26/2020 18:10:13 (eastern)								
	Orlando, FL 32839									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:192								
(4)	Check appropriate box(es):									
		Conservation Dist. Supervisor Seat 5								
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ 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)									
	(5) Report	Identifiers								
Cove	er Period: From 6 / 1 / 2020 To									
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Cash	h & Checks \$, , _25 . 00	Expenditures \$, , _25 . 00								
4	•									
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$								
Tato	\$ 25 00	Office Account \$, , , 0 . 00								
างเล	al Monetary \$, , , 25 . 00	Total Monetary \$. 25 . 00								
In Ki	\$ 0 00	Total Monetary \$, , _25 . 00								
In-Ki	ind \$, , 0 . <u>00</u>	(8) Other Distributions								
		(8) Other Distributions \$, , 000								
		,, <u></u> ,,								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,, <u>25</u> . <u>00</u>	\$, , <u>25</u> . <u>00</u>								
	(44) 0 - 455									
(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:										
	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
х		X								
	ignature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Alaina Shaleen Slif		(2) I.D. Number				
(3) Cover Perio	6/1/2020 od////	thro		/12/2020 //	(4) Pag	ge <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	5/2014	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/12/2020 / /	Slife, Alaina 5526 Parkdale Dr Orlando, FL 32839		assistant	CA	cash into checking account	7 Alleria ment	\$25.0
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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	Alaina	Shaleen	Slif	е			 (2) I.D. Nur	nber]	L92	
		6/1/202	0		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, Bill Cowles	qualifying fee	MO		\$25.00
1	119 W Kaley St Orlando, FL 32806				
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