

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alaina Shaleen Slife
 Name
 (2) 5526 Parkdale Dr
 Address (number and street)
Orlando, FL 32839
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1242242]

Submitted on:
 1/27/2021 16:27:31 (eastern)

Check here if address has changed (3) ID Number: 192

(4) Check appropriate box(es):

Candidate Office Sought: Soil & Water Conservation Dist. Supervisor Seat 5

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 110 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 110 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 1 , 315 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 1 , 319 . 40

(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 Alaina Shaleen Slife (2) I.D. Number 192

10/30/2020 through 2/1/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alaina Shaleen Slife

(2) I.D. Number 192

(3) Cover Period 10/30/2020 through 2/1/2021

(4) Page 1 of 1

(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					
11/1/2020 / /	Goldmintz, Kristi 2520 Grassy Point Drive apt 206 Lake Mary, FL 32746	social media posting	MO		\$80.00
1					
1/27/2021 / /	, Malala Foundation P.O. Box 53347 Washington, DC 20009	donation to 501c3	MO		\$30.00
2					
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