

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Nicole Cane  
 Name  
 (2) 3546 Deer Run S.  
 Address (number and street)  
Palm Harbor, FL 34684  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1149352]  
 Submitted on:  
 2/11/2018 00:49:07 (eastern)

Check here if address has changed

(3) ID Number: 940

(4) Check appropriate box(es):

- Candidate Office Sought: School Board Member - District 2 - At Large
- 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 1 / 1 / 2018 To 1 / 31 / 2018 Report Type: M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 50 . 00

Loans \$        ,        , 100 . 00

Total Monetary \$        ,        , 150 . 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

\$        ,        , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 0 . 00

### (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 Nicole Cane     (2) I.D. Number     940      
 (3) Cover Period     1/1/2018     through     1/31/2018     (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
1/25/2018 / /	Faulkner , Sandra M 1850 Stable Trail Palm Harbor , FL 34685	I	insurance sales	CH			\$50.00
1							
1/22/2018 / /	Cane, Lisa N 35157 US Hwy 19 N Palm Harbor, FL 34684	S	creative director	LO			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Lisa Nicole Cane

(2) I.D. Number 940

(3) Cover Period 1/1/2018 through 1/31/2018

(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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