CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Lisa Nicole Cane	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1155048]						
(2) <u>3546 Deer Run S.</u>	Submitted on:						
Address (number and street) Palm Harbor, FL 34684	5/10/2018 22:59:21 (eastern)						
City, State, Zip Code							
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) Party Executive Committee (PTY)	 Check here if PC or ECO has disbanded Check here if PTY has disbanded 						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>4</u> / <u>1</u> / <u>2018</u> To	4/ 30/ 2018 Report Type:M4						
🗌 Original 🛛 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 000	Expenditures \$, , , 0 . 00						
Loans \$,,0.00	Transform to						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,						
Total Monetary \$, , 0.00							
	Total Monetary \$, , 0 . 00						
In-Kind \$,, 0.00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>750</u> .00	\$, 175 . 85						
(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)	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lisa Nicole Cane (2) I.D. Number ₉₄₀				
	4/1/2018			4/30/2018					
(3) Cover Perio	od / /	thro	ough	11	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1	-								
1 1	-								
1 1	_								
1 1	_								
1 1	-								
1 1	-								
1 1	-								
1 1	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Lisa			D EXPENDIT (2) I.D. Number	940	
(3) Cover Period	4/1/2018 // /through_	4/30/2018	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	Bank of America, 4000 Lake St George Palm Harbor, FL 34684	account fee	MO	Delete	\$17.00
	Bank of America, 4000 Lake St George Drive Palm Harbor, FL 34684	account fee	MO	Add	\$17.00
_ / _/					
_ / /					
_/ /					
_ / /					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES