

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa N. Cane  
 Name

(2) 3546 Deer Run South  
 Address (number and street)  
Palm Harbor, FL 34684  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1250395]

Submitted on:  
 10/12/2021 14:33:16 (eastern)

Check here if address has changed

(3) ID Number: 1061

(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 9 / 1 / 2021 To 9 / 30 / 2021 Report Type: M9

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 050 . 00

Loans \$      ,      ,   0 . 00

Total Monetary \$      ,   1   , 050 . 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

\$      ,   4   , 025 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      ,   240 . 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 N. Cane     (2) I.D. Number     1061    

(3) Cover Period     9/1/2021     through     9/30/2021     (4) Page     1     of     1    

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/1/2021 / /	Tiffany Restaurant Inc, 35000 Us Hwy 19 N Palm Harbor, FL 34684	B	restaurant	CH			\$1,000.00
1							
9/23/2021 / /	Cane, Lisa N 3546 DEER RUN S PALM HARBOR, FL 34684	S		CH			\$50.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Lisa N. Cane

(2) I.D. Number 1061

(3) Cover Period 9/1/2021 through 9/30/2021

(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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