

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lee Constantine  
 Name  
 (2) 640 Jasmine Road  
 Address (number and street)  
Altamonte Springs, FL 32701  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1127225]

Submitted on:  
 9/21/2016 10:39:09 (eastern)

Check here if address has changed (3) ID Number: 284

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner, District 3

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 6 / 1 / 2015 To 6 / 30 / 2015 Report Type: M6

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 \$        ,        , 636 . 14

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 636 . 14

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 132 , 350 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 12 , 766 . 75

### (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 Lee Constantine (2) I.D. Number 284

6/1/2015 through 6/30/2015

(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 Lee Constantine

(2) I.D. Number 284

(3) Cover Period 6/1/2015 through 6/30/2015

(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					
6/1/2015 //	Constantine, Daid Lee 640 Jasmine Rd Altamonte Springs, FL 32701	office	RM	Add	\$261.62
1					
6/1/2015 //	Constantine, David Lee 640 Jasmine Rd Altamonte Springs, FL 32701	travel	RM	Add	\$80.00
2					
6/1/2015 //	Constantine , David Lee 640 Jasmine Rd Altamonte Springs , FL 32701	function	RM	Add	\$294.52
3					
//					
//					
//					
//					