

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Fasnacht  
Name

(2) 1105 Seaway Drive Unit C  
Address (number and street)

Fort Pierce, FL 34949  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1124502]

Submitted on:  
9/1/2016 07:57:27 (eastern)

Check here if address has changed

(3) ID Number: 308

(4) Check appropriate box(es):

- Candidate Office Sought: City of Fort Pierce Commission, District 2
- 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 8 / 26 / 2016 To 9 / 2 / 2016 Report Type: G1

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 \$        ,        , 170 . 53

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 170 . 53

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 2 , 552 . 80

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 552 . 80

### (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 Fasnacht     (2) I.D. Number     308    

8/26/2016 through 9/2/2016

(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 Lisa Fasnacht

(2) I.D. Number 308

(3) Cover Period 8/26/2016 through 9/2/2016

(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					
9/1/2016 //	Lisa , Fasnacht M 1105 Seaway Dr Ft Pierce, Fl 34949	repay loan	RM		\$170.53
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