

## 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**  
[1115818]

Submitted on:  
7/30/2016 08:50:11 (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 7 / 23 / 2016 To 7 / 29 / 2016 Report Type: P4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 200 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 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**  
\$        , 2 , 436 . 00

**(10) TOTAL Monetary Expenditures To Date**  
\$        , 2 , 233 . 17

### (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      
 (3) Cover Period     7/23/2016     through     7/29/2016     (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			
7/27/2016 / /	Adair, Charlene 1710 Francis Ct Fort Pierce, Fl 34949	I	volunteer	CH			\$200.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Fasnacht

(2) I.D. Number 308

(3) Cover Period 7/23/2016 through 7/29/2016

(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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