

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Martin  
 Name  
 (2) 618 S. Pine St.  
 Address (number and street)  
New Smyrna Beach, FL 32169  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1172247]

Submitted on:  
 9/10/2018 17:38:03 (eastern)

Check here if address has changed

(3) ID Number: 564

(4) Check appropriate box(es):

- Candidate Office Sought: New Smyrna Beach Mayor
- 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 / 24 / 2018 To 8 / 31 / 2018 Report Type: G1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 150 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 150 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 4 . 95

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 4 . 95

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 11 , 116 . 22

### (10) TOTAL Monetary Expenditures To Date

\$      , 4 , 771 . 57

### (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 Martin     (2) I.D. Number     564      
                   8/24/2018 through 8/31/2018  
 (3) Cover Period     /    /     through     /    /     (4) Page     1     of     1    

(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
8/28/2018 / /	Heyerman, Michael Lucy 344 Troon Ct NSB, FL 32168	I	retired	CH		Add	\$100.00
1							
8/30/2018 / /	Akin, Thomas 805 E 1st Ave NSB, FL 32169	I		CH		Add	\$50.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Lisa Martin

(2) I.D. Number 564

(3) Cover Period 8/24/2018 through 8/31/2018

(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					
8/28/2018 / /	PayPal, PAYPAL 2211 North First Street SAN JOSE, CA 95131	paypal fee	MO	Add	\$3.20
1					
8/30/2018 / /	PayPal, PAYPAL 2211 North First Street SAN JOSE, CA 95131	paypal fee	MO	Add	\$1.75
2					
/ /					
/ /					
/ /					
/ /					
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