

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
 [1172245]

Submitted on:
 9/10/2018 17:36:33 (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) 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 7 / 28 / 2018 To 8 / 3 / 2018 Report Type: P5

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 10 , 966 . 22

(10) TOTAL Monetary Expenditures To Date
 \$, 4 , 766 . 62

(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

7/28/2018 8/3/2018

(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 Martin

(2) I.D. Number 564

(3) Cover Period 7/28/2018 through 8/3/2018

(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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