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

☐ **Check here if address has changed**

OFFICE USE ONLY
ONLINE SUBMISSION
[1172242]
Submitted on:
9/10/2018 17:35:23 (eastern)

(3) ID Number: 564

(4) Check appropriate box(es):

☒ Candidate Office Sought: New Smyrna Beach Mayor
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 8 / 4 / 2018 To 8 / 10 / 2018 Report Type: P6

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 35.00

(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

(3) Cover Period 8/4/2018 through 8/10/2018 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/7/2018 1	MARTIN, Lisa 618 S PINE ST NEW SMYRNA BEACH, FL 32169	I		IK	postage	Add	$35.00
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Martin (2) I.D. Number 564

(3) Cover Period 8/4/2018 through 8/10/2018 (4) Page 1 of 0

(5) Date / (6) Sequence Number	(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
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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES