CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Lisa Lewis	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1216073]							
(2)	860 Carter Rd.	Submitted on:							
	Address (number and street) DeLand, FL 32724	7/12/2020 21:33:34 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 601							
(4)	Check appropriate box(es):								
` '	☐ Candidate Office Sought: Supervisor of	Elections							
	Political Committee (PC)								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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							
	individual making electioneering communications)	-							
	(5) Report	dentifiers							
Cove		9 / 10 / 2020 Report Type: TRQ							
X O		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
` '		Monetary							
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 638 . 60							
	Φ 0.00								
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$							
Tota	I Monetary \$, , 0 . 00	Office Account \$, , 0 . 00							
Tota	,,,,,,,,	Total Monetary \$, , 638 . 60							
In-Ki	ind \$, , 0.00	, , ,							
		(8) Other Distributions							
		\$,,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>9</u> , <u>800</u> . <u>00</u>	\$, <u>9</u> , <u>800</u> . <u>00</u>							
	(11) Cert It is a first degree misdemeanor for any pers	tification on 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:									
/T	(Type name) (Type name)								
	ype name) Individual (only for IE	Candidate Chairperson (only for PC and PTY)							
	electioneering comm.)								
Х		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lisa Lewis				2) I.D. Numbe	er <u>6</u>	01
(3) Cover Perio	1/1/2020 od///	thro	ough	/10/2020 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8)		(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendirent	Amount
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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 Li	isa Le	Lewis				 (2) I.D. Nur	nber	601			
	1	/1/20	20		9/10/20	020					
(3) Cover Per	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/12/2020	Boys and Girls Club of Volusia, 101 N Woodland Blvd Suite 400 DeLand, FL 32724	donation	MO		\$159.65
7/12/2020	Council on Aging of Volusia Co, 420 Fentress Blvd Daytona Beach , FL 32114	donation	МО		\$159.65
7/12/2020	Childhood Cancer Foundation, PO Box 1482 DeLand, FL 32721	donation	МО		\$159.65
7/12/2020	Food Brings Hope, Inc, 555 W Granada Blvd Ormond Beach, FL 32174	donation	МО		\$159.65
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