CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Lisa Martin	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1240743]							
(2) 618 S Pine St	Submitted on:							
Address (number and street) New Smyrna Beach, FL 32169	12/18/2020 12:59:01 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:684							
(4) Check appropriate box(es):								
 Candidate Office Sought: <u>New Smyrna Beach Mayor</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an 								
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>6</u> / <u>13</u> / <u>2020</u> To	6 / <u>26</u> / <u>2020</u> Report Type: <u>P2</u>							
🗌 Original 🛛 Amendment 🗌 Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>15</u> . <u>00</u>							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Total Monetary \$	Total Monetary \$,							
	(8) Other Distributions							
	\$,,,							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,,	\$, <u>1</u> , <u>731</u> . <u>92</u>							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	1) Name (2) I.D. Number					r6	684	
	6/13/2020		6/26/2020					
(3) Cover Peri	od / /	thro	bugh	I I	(4) Pag	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
1 1								
1 1	_							
1 1	-							
1 1	-							
1 1	_							
1 1	-							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Lisa	CAMPAIGN TREASURER' Martin		D EXPENDIT (2) I.D. Numbei		684
(3) Cover Period	6/13/2020 I/through_	6/26/2020 / /	(4) Page <u>1</u>	of	1
(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
	Supervisor of Elections, Supervisor of 1750 S Woodland Blvd Deland, FL 32720	voter registration files	MO	Add	\$15.00
_/ /					
_/ /					
_/ /					
_/ /					
11					
_/ /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES