

## 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**  
 [1224542]

Submitted on:  
 8/10/2020 21:47:26 (eastern)

Check here if address has changed (3) ID Number: 684

(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 / 11 / 2020 To 7 / 17 / 2020 Report Type: P4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 200 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 200 . 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**  
 \$      ,      , 1 , 490 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 578 . 03

### (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     684      
 (3) Cover Period     7/11/2020     through     7/17/2020     (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
7/17/2020 / /	Francis, Karen 261 Minorca Way #903 NSB, FL 32169	I	retired	CH		Add	\$200.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lisa Martin

(2) I.D. Number 684

(3) Cover Period 7/11/2020 through 7/17/2020

(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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