

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
 [1220274]
 Submitted on:
 7/26/2020 12:49:21 (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)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 18 / 2020 To 7 / 24 / 2020 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 \$, , 7 . 95
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 7 . 95

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

(9) TOTAL Monetary Contributions To Date
 \$, 1 , 290 . 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 7/18/2020 through 7/24/2020 (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 684

(3) Cover Period 7/18/2020 through 7/24/2020

(4) Page 1 of 1

(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					
7/20/2020 //	CenterState Bank, 763 E. 3rd Ave. NSB, FL 32169	maintenance fee	MO	Add	\$7.95
1					
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