CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Elizabeth O'Laughlin
Name

(2) 715 McKenzie Road
Address (number and street)
Lake Helen, FL 32744
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 697

(4) Check appropriate box(es):

☒ Candidate   Office Sought: Lake Helen Commission Zone 4
☐ 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 ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 9 / 19 / 2020 To 10 / 2 / 2020   Report Type: G4

☒ Original   ☐ Amendment   ☐ Special Election Report

(6) Contributions This Report		**(7) Expenditures This Report**	
Cash & Checks	$ ___ , ___ , 0 . 00	Monetary Expenditures	$ ___ , ___ , 75 . 00
Loans	$ ___ , ___ , 0 . 00	Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00	Total Monetary	$ ___ , ___ , 75 . 00
In-Kind	$ ___ , ___ , 0 . 00		

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

(9) TOTAL Monetary Contributions To Date
$ ____ , ____ , 500 . 00

(10) TOTAL Monetary Expenditures To Date
$ ____ , ____ , 181 . 87

(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   ☐ Treasurer   ☐ Deputy Treasurer
or electioneering comm.)

X _____
Signature

(Type name) _____

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _Elizabeth O'Laughlin_   **(2) I.D. Number** _697_

(3) Cover Period _9/19/2020_ ____ / ____ / ____ through _10/2/2020_ ____ / ____ / ____   **(4) Page** _1_ of _0_

(5) Date / (6) Sequence Number	(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
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Elizabeth O'Laughlin　　　　　　　　　　**(2) I.D. Number** 697

(3) Cover Period 9/19/2020 ___/___/___ through 10/2/2020 ___/___/___　　**(4) Page** 1 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
9/21/2020 / /　　1	election, Vol Cty Supervisor of 1750 South Woodland Ave. Deland, Fl 32720	fees	MO		$75.00
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DS-DE 14 (Rev. 11/13)　　　　SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES