

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lorraine Koval  
 Name  
 (2) 296 Adelaide Street  
 Address (number and street)  
DeBary, FL 32713  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1211143]

Submitted on:  
 6/17/2020 13:28:34 (eastern)

Check here if address has changed (3) ID Number: 719

(4) Check appropriate box(es):

Candidate Office Sought: DeBary Council Seat 1

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 1 / 1 / 2020 To 9 / 10 / 2020 Report Type: TRQ

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 200 . 00

Total Monetary \$        ,        , 200 . 00

In-Kind \$        ,        , 3 . 10

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 200 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 200 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 200 . 00

### (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 Lorraine Koval (2) I.D. Number 719  
 1/1/2020 through 9/10/2020  
 (3) Cover Period / / through / / (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
(6) Sequence Number							
6/12/2020 / /	Koval, Lorraine F 296 Adelaide Street DeBary, Fl 32713	I	insurance agent	LO			\$200.00
1							
6/12/2020 / /	Koval, Lorraine F 296 Adelaide Street DeBary, Fl 32713	I	insurance agent	IK	petition fee		\$3.10
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lorraine Koval

(2) I.D. Number 719

(3) Cover Period 1/1/2020 through 9/10/2020

(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					
6/12/2020 //	City of DeBary, 16 Columba Rd DeBary, Fl 32713	sign deposit	MO		\$100.00
1					
6/12/2020 //	City of DeBary, 16 Columba Rd DeBary, Fl 32713	qualifying fee	MO		\$48.00
2					
6/15/2020 //	City of DeBary, 16 Columba Rd DeBary, Fl 32713	returned sign deposit check	MO		\$-100.00
3					
6/15/2020 //	City of DeBary, 16 Columba Rd DeBary, Fl 32713	returned check for qualifying fee	MO		\$-48.00
4					
6/17/2020 //	Koval, Lorraine F 296 Adelaide Street DeBary, Fl 32713	loan repayment	MO		\$200.00
5					
//					
//					
//					

