CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Lisa L. O'Neal	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) 941 George Hecker Dr	Submitted on:						
Address (number and street)	6/22/2022 08:19:58 (eastern)						
South Daytona, FL 32119 City, State, Zip Code							
	(2) ID Number						
Check here if address has changed	(3) ID Number: 884						
(4) Check appropriate box(es):							
Candidate Office Sought: <u>South Daytona</u>	Council Seat 3						
	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 <u>1</u> / <u>1</u> / <u>2022</u> To	9 / <u>15</u> / <u>2022</u> Report Type: <u>TRQ</u>						
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , 0 . 00						
¢ 0.00							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$,,0.00	Office Account \$, , , 0 . 00						
Total Monetary \$,,,	Total Monetary \$, , 0 . 00						
In-Kind \$,,0.00	, <u> </u>						
	(8) Other Distributions						
	\$, , 0.00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>200</u> . <u>00</u>	\$,, <u>200</u> . <u>00</u>						
(11) Cer	tification						
(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	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lisa L. O'Neal	(2) I.D. Number					884	
	1/1/2022			9/15/2022				
(3) Cover Peri	iod / /	thro	ough	11	(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				L Udg (2				
1 1	_							
1 1	_							
1 1	_							
1 1								
1 1	_							
1 1								
/ /								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Lisa	L. O'Neal	(1	PORT – ITEMIZED EXPENDITURES(2) I.D. Number			
(3) Cover Period	1/1/2022 I/through		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	
6/21/2022 1	O'Neal, Lisa L ***Protected Voter***	repayment of loan to self. closed account.	DI		\$106.10	
//						
_/ /						
_ / _						

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES