

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
 RECEIVED**

OFFICE OF THE CITY CLERK

DATE 6-6-2018

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor of New Smyrna Beach
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05/07/2018/ To 05/31/2018/ Report Type: M5

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 365.00 , _____ . _____

Loans \$ 1,500.00 , _____ . _____

Total Monetary \$ 1,865.00 , _____ . _____

In-Kind \$ 400.00 , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 40.22 , _____ . _____

Transfers to Office Account \$ _____ , _____ . _____

Total Monetary \$ 40.22 , _____ . _____

(8) Other Distributions

\$ _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 2,265.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 40.22 , _____ . _____

(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) Lisa Martin

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Lisa Martin*
 Signature

(Type name) Lisa Martin

Candidate Chairperson (only for PC and PTY)

X *Lisa Martin*
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lisa Martin

(2) I.D. Number _____

(3) Cover Period 05/07/2018 / _____ / _____ through 05/31/2018 / _____ / _____

(4) Page 1 of 2

(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							
05/07/2018 / / 1	Twardosz, Joey 700 S GLENCOE RD NSB FL 32168	I	Certified De	INK	LOGO		\$400.00
05/08/2018 / / 2	Martin, Elisabeth C. 618 S Pine St NSB FL 32169	S	Retired	LOA - CHE			\$1,500.00
05/21/2018 / / 3	Schuster, Theresa M. 180 Sweet Bay Ave NSB FL 32168	I	Retired	CHE			\$10.00
05/21/2018 / / 4	Troxell, Lois L. 2200 Hawks Cove Cir NSB FL 32169	I	Retired	CHE			\$50.00
05/21/2018 / / 5	Richards, Marvel S. 1099 Club House Dr NSB FL 32168	I	Retired	CHE			\$100.00
05/21/2018 / / 6	Anonymous	I		CAS			\$5.00
05/25/2018 / / 7	Martin, Alexandra P. 106 10th Ave Belmar NJ 07719	I	Artist	CHE			\$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lisa Martin (2) I.D. Number _____

(3) Cover Period 05/07/2018 / _____ / _____ through 05/31/2018 / _____ / _____ (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
05/30/2018 / /	Enborg, Kristine A 1109 Loch Laggan Ct NSB FL 32168	I	Retired	CHE			\$100.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lisa Martin

(2) I.D. Number _____

(3) Cover Period 05/07/2018 / _____ through 05/31/2018 / _____

(4) Page _____ of _____

(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					
05/15/2018	HARLAND CLARKE CHECK	Checks for campaign checking account			
1			CAN		\$20.00
05/18/2018	USPS 405 Flagler Ave NSB FL 32168	Postage			
2			CAN		\$10.00
05/18/2018	Elisabeth C. Martin	Repay correspondence materials			
3			RMB		\$12.22
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