

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Martin

Name

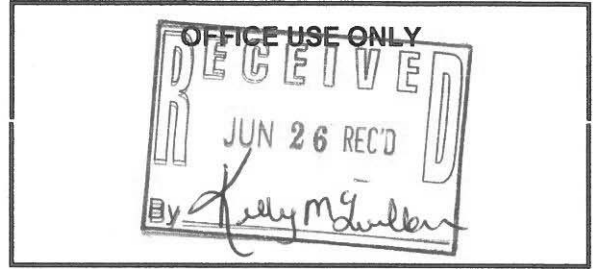
(2) 618 S Pine St

Address (number and street)

New Smyrna Beach FL 32169

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 06/01/2018/ To 06/22/2018/ Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,091.22 , _____

Loans \$ _____ , _____ , _____

Total Monetary \$ 1,091.22 , _____

In-Kind \$ 107.90 , _____

(7) Expenditures This Report

Monetary

Expenditures \$ 107.35 , _____

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ 107.35 , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ 2,956.22 , _____

(10) TOTAL Monetary Expenditures To Date

\$ 147.57 , _____

(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 [Signature]
Signature

(Type name) LISA MARTIN

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06/01/2018 / / through 06/22/2018 / / (4) Page 1 of 3

(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
06/01/2018 / /	Beeler, Diane 1095 Red Maple Way NSB FL 32168	I	Retired	CAS			\$5.00
1							
06/02/2018 / /	Akins, Thomas 805 E 1st Ave NSB FL 32169	I	Retired	CHE			\$50.00
2							
06/02/2018 / /	Gist, Edward 209 Ocean Dr NSB FL 32169	I	Retired	CHE			\$500.00
3							
06/03/2018 / /	Lisa Martin	I	S	INK	Business Cds		\$4.12
4							
06/03/2018 / /	Lisa Martin	I	S	INK	Business Cds		\$44.78
5							
06/04/2018 / /	Kisellus, Kim 813 E 1st Ave NSB FL 32169	I	Photographer	INK	Thank you cd		\$30.00
6							
06/05/2018 / /	Annette Diaz & Michael Curry No address	I	Dishwasher	CAS			\$11.00
7							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06/01/2018 / / through 06/22/2018 / / (4) Page 2 of 3

(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							
06/06/2018 / / 8	Micheline & Richard Abbott 1065 Clubhouse Blvd NSB FL 32168	I	Retired	CHE			\$25.00
06/07/2018 / / 9	Mary M Magan 206 Mary Ave NSB FL 32168	I	Acupuncturist	CHE			\$25.00
06/12/2018 / / 10	PayPal - Bank verification to set up account 0.20 + 0.02	B	Pymt process	CHE			\$0.22
06/15/2018 / / 11	Patricia & Carl Arvidson 1314 S Riverside DR NSB FL 32168	I	Engineer	CHE			\$300.00
06/15/18 / / 12	Jane Isay 49 E 96th St NY NY 10128	I	Author	CHE			\$100.00
06/18/18 / / 13	ZARA KLEINMAN 144 JULIA ST NSB FL 32168	I	Retired	CHE			\$25.00
6/18/18 / / 14	PATRICIA COBB 28 RICHMOND DR NSB FL 32169	I	Retired	CHE			\$50.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06/01/2018 / _____ / _____ through 06/22/2018 / _____ / _____ (4) Page 3 of 3

(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							
06/21/2018 / /	LISA MARTIN 618 S PINE ST NSB FL 32169	I	Retired	INK			\$29.00
15	CAMPAIGN PARTNERS WEB SITE						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Martin

(2) I.D. Number _____

(3) Cover Period 06/01/18 / _____ / _____ through 06/22/18 / _____ / _____

(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					
06/05/18 / /	HARLAND CLARKE CHECK	Deposit slips	CAN		\$8.00
1					
06/12/18 / /	PAYPAL - wash to set-up payment processing. Corresponding entry on contributions.	Bank verification	CAN		\$0.22
2					
06/17/18 / /	VISTAPRINT	BUSINESS CARDS	CAN		\$76.49
3					
06/18/18 / /	K & S PRINTING	FLYERS	CAN		\$22.64
4					
/ /					
/ /					
/ /					
/ /					
/ /					

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

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(3) ID Number: _____

**OFFICE USE ONLY
RECEIVED**

OFFICE OF THE CITY CLERK

DATE 6/29/2018 *km*

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 06/01/2018/ To 06/22/2018/ Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 229,88 , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 229.88 , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 2,956.22 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 377.45 , _____ , _____ . _____

(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 *L. Martin*
Signature

(Type name) LISA MARTIN

Candidate Chairperson (only for PC and PTY)

X *L. Martin*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lisa Martin

(2) I.D. Number _____

(3) Cover Period 06/01/18 / _____ through 06/22/18 / _____

(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					
06/18/18 / /	City of New Smyrna Beach - #103 210 Sams Ave NSB FL 32168	STATE ASSESSMENT	CAN	ADD	\$223.18
5					
06/20/18 / /	County of Volusia - #105 Supervisor of Elections 125 W New York Ave Deland FL 32720	SIGNATURE PETITION VERIFICATION	CAN	ADD	\$6.70
6					
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