8/26/8

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Elise A. Dennison Campaign
Name

(2) 27640 Stoney Brook Dr
Address (number and street)

Leesburg FL 34748
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Leesburg City Commissioner District 3
☐ 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 08/20/16 To 08/26/16 Report Type: _____

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks $ ___ , ___ , ___ . ___

Loans $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , 0 . 00

In-Kind $ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures $ ___ , ___ , ___ . ___

Transfers to Office Account $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , 0 . 00

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 2 , 500 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , ___ , 560 . 18

(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) Cindy M. Robison
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X Cindy M. Robison
Signature

(Type name) Elise A. Dennison
☑ Candidate ☐ Chairperson (only for PC and PTY)

X Elise A. Dennison
Signature

SEE REVERSE FOR INSTRUCTIONS