

10/14/16

### 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

OFFICE USE ONLY

Check here if address has changed

(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 10 / 08 / 16 To 10 / 14 / 16 Report Type: \_\_\_\_\_

Original

Amendment

Special Election Report

#### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 200.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 200.00

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

\$ \_\_\_\_\_, 2,950.00

#### (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 Dennison

Candidate  Chairperson (only for PC and PTY)

X Elise A. Dennison  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Elise A. Dennison Campaign (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 08 / 16 through 10 / 14 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
10, 12, 16	Wiener, K. Howard 2288 Lake Pointe cr Leesburg, FL 34748	I	Retired	CHE			100.00
1							
10, 12, 16	Sloan, Russ 2301 Queen Palm ct. Leesburg, FL 34748	I	Retired	CHE			75.00
2							
10, 12, 16	Tarby, Peter E. 190 Lakeside Ave Umatilla, FL 32784	I	Retired	CHE			25.00
3							
1 1							
1 1							
1 1							
1 1							