CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Dale Marie Merrill	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	PO Box 2139	Submitted on:							
	Address (number and street)	1/24/2024 22:48:21 (eastern)							
	Crystal River, FL 34422								
	City, State, Zip Code	(2) ID New London							
	Check here if address has changed	(3) ID Number: 555							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: School Board☐ Political Committee (PC)	District 2							
	☐ Electioneering Communications Org. (ECO)	☐ 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							
	·								
	, , .	Identifiers							
Cove	er Period: From $\underline{10}$ / $\underline{1}$ / $\underline{2023}$ To	12 / 31 / 2023 Report Type: Q4							
□ 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , , 5000	Monetary							
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$, , 5000								
		Total Monetary \$, , 0 . 00							
In-Ki	ind \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,3,34000	\$,, <u>958</u> . <u>10</u>							
	(11) Cord	tification							
		on to falsify a public record (ss. 839.13, F.S.)							
Ιc	certify that I have examined this report and it is true, corr	ect, and complete:							
(Type name) (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Dale Marie Merrill				2) I.D. Numb	er	555
	10/1/2023			2/31/2023			_
(3) Cover Peri	od / /	thro	ough	11_	(4) Pa	ge	of
	_	T					
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)		everante e craso	0	For Laborar		
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution	In-kind Description	Amendment	Amount
Number	Resslet, Debbie		retired	Type CH	Description	Add	\$50.0
11/15/2023	9373 East River Moon Court	-	recired	CII		laa	, , , , , , , , , , , , , , , , , , ,
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Dale	Marie	Mei	rill	physician and modern man of the property of the service of the ser	WATERS 125037MW 115	to epiropolo	PR 110 10	tione communication	(2) I.D. Nu	mber _	0.03.798999		555	- Pi
		10/1	/20	23		12/3	1/20	23								
(3) Cover P	eriod	1		1	through	1		1		(4) Page	1		of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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DS-DE 14 (Rev.	44(0.1)				