

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Meredith Marie Linley  
 Name  
 (2) 402 N McGowan Avenue  
 Address (number and street)  
Crystal River, FL 34429  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1199671]  
 Submitted on:  
 2/10/2020 13:26:56 (eastern)

Check here if address has changed (3) ID Number: 447

(4) Check appropriate box(es):  
 Candidate Office Sought: Supervisor of Elections  
 Political Committee (PC)  
 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

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M1  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 250 . 00  
 Loans \$      ,      ,   0   . 00  
 Total Monetary \$      ,   1   , 250 . 00  
 In-Kind \$      ,      ,   0   . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 189 . 40  
 Transfers to Office Account \$      ,      ,   0   . 00  
 Total Monetary \$      ,      , 189 . 40

**(8) Other Distributions**  
 \$      ,      ,   0   . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   4   , 035 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,   2   , 380 . 54

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer  
**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)  
**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Meredith Marie Linley (2) I.D. Number 447

(3) Cover Period 1/1/2020 through 1/31/2020 (4) Page 1 of 1

(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							
1/7/2020 / /	Kimbrough, Carol 1001 Palm Springs Drive Crystal River, FL 34429	I	small business owner	CH			\$250.00
1							
1/22/2020 / /	Smith, Kennedy 9775 W Wynn Court Crystal River, FL 34429	I	retired	CH			\$1,000.00
2							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Meredith Marie Linley

(2) I.D. Number 447

(3) Cover Period 1/1/2020 through 1/31/2020

(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					
1/30/2020 / /	Supervisor of Elections, 1500 N. Meadowcrest Blvd Crystal River , FL 34429	petition certification fee	MO		\$109.40
1					
1/8/2020 / /	Citrus County Chamber, 915 N Suncoast Blvd Crystal River, FL 34429	legislative days	MO		\$80.00
2					
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