

## 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**  
 [1191749]

Submitted on:  
 9/9/2019 11:04:58 (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)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2019 To 8 / 31 / 2019 Report Type: M8

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 20 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 20 . 00

In-Kind \$      ,      , 100 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 55 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 55 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      , 1 , 505 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 752 . 23

### (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 8/1/2019 through 8/31/2019 (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							
8/23/2019 / /	Bollin, Leslie 1734 Jocelyne Ct Citrus Springs, 20 34433	I	events coordinator	CH			\$20.00
1							
8/30/2019 / /	Wilson, Will 1801 NW US HWY 19 Crystal River , FL 34428	B	business owner	IK	banner		\$100.00
2							
/ /							
/ /							
/ /							
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/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Meredith Marie Linley

(2) I.D. Number 447

(3) Cover Period 8/1/2019 through 8/31/2019

(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					
8/16/2019 / /	Citrus County Chamber, 915 N Suncoast Blvd Crystal River , FL 34429	lunch tickets	MO		\$40.00
1					
8/23/2019 / /	Citrus County Chamber, 915 N Suncoast Blvd Crystal River, FL 34429	vision check registration	MO		\$15.00
2					
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/ /					
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