

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Frank Meeker  
 Name

(2) 41 Cochise Ct  
 Address (number and street)

Palm Coast, FL 32137  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1059792]

Submitted on:  
 3/3/2014 09:01:22 (eastern)

Check here if address has changed

(3) ID Number: 272

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 2
- 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 2 / 1 / 2014 To 2 / 28 / 2014 Report Type: M2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 250 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 250 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 45 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 45 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 5 , 300 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 126 . 32

### (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 Frank Meeker (2) I.D. Number 272  
 (3) Cover Period 2/1/2014 through 2/28/2014 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|---------------------------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type                                  | Occupation |                             |                                |                   |                |
| 2/21/2014<br>/ /          | McGuire, William E<br>41 Beauford Lane<br>Palm Coast, FL 32137                                 | I                                     |            | CH                          |                                |                   | \$100.00       |
| 1                         |  |                                       |            |                             |                                |                   |                |
| 2/21/2014<br>/ /          | Moya, Susan C<br>22 Old Oak Drive, South<br>Palm Coast, FL 32137                               | I                                     |            | CH                          |                                |                   | \$100.00       |
| 2                         |  |                                       |            |                             |                                |                   |                |
| 2/25/2014<br>/ /          | Ericksen, Shirley K<br>15 Essington Lane<br>Palm Coast, FL 32164                               | I                                     |            | CH                          |                                |                   | \$50.00        |
| 3                         |  |                                       |            |                             |                                |                   |                |
| / /                       |  |                                       |            |                             |                                |                   |                |
| / /                       |  |                                       |            |                             |                                |                   |                |
| / /                       |  |                                       |            |                             |                                |                   |                |
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| / /                       |  |                                       |            |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Frank Meeker

(2) I.D. Number 272

(3) Cover Period 2/1/2014 through 2/28/2014

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 2/12/2014<br>/ /          | Flagler Co Supervisor of<br>Elect,<br>Bunnell , FL 32110                                       | verification of<br>petitions   | MO                         |                   | \$23.00        |
| 1                         |  |  |                            |                   |                |
| 2/24/2014<br>/ /          | Flagler Co Supervisor of<br>Elect,<br>Bunnell, FL 32110  | verification of<br>petitions   | MO                         |                   | \$22.00        |
| 2                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
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| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |