

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA DOGGETT  
 Name

(2) P O BOX 2551  
 Address (number and street)

FORT MYERS, FL 33902  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1095801]

Submitted on:  
 1/7/2016 11:22:52 (eastern)

Check here if address has changed

(3) ID Number: 1125

(4) Check appropriate box(es):

- Candidate Office Sought: CLERK OF THE CIRCUIT COURT
- 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 12 / 1 / 2015 To 12 / 31 / 2015 Report Type: M12

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 50 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 50 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 37 , 819 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 315 . 10

### (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 LINDA DOGGETT (2) I.D. Number 1125  
 (3) Cover Period 12/1/2015 through 12/31/2015 (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
12/7/2015 / /	CLARKE, DONNA P O BOX 542 FORT MYERS, FL 33902	I	hospital board mbr	CH			\$50.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name LINDA DOGGETT

(2) I.D. Number 1125

(3) Cover Period 12/1/2015 through 12/31/2015

(4) Page 1 of 0

(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					
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