

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mary Ann Lindley  
 Name  
 (2) 503 E Georgia St  
 Address (number and street)  
Tallahassee, FL 32303  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1118335]  
 Submitted on:  
 8/8/2016 15:12:48 (eastern)

Check here if address has changed

(3) ID Number: 387

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Commission - At Large, Group 1
- 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 7 / 30 / 2016 To 8 / 5 / 2016 Report Type: P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   1   , 725 . 00

Loans \$        ,        ,   0   . 00

Total Monetary \$        ,   1   , 725 . 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

\$        ,   50   , 604 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,   23   , 287 . 90

### (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 Mary Ann Lindley (2) I.D. Number 387  
 7/30/2016 8/5/2016  
 (3) Cover Period / / through / / (4) Page 1 of 2

(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		Type	Occupation	Type	Description	Amendment	Amount
8/4/2016 / /	Rogero, Rowe Ellen 3721 Lifford Circle Tallahassee, FL 32309	I		CH			\$50.00
1							
8/4/2016 / /	Judelle, Jesse 1590 Hickory Ave. Tallahassee, FL 32303	I	physician	CH			\$250.00
2							
8/4/2016 / /	Block, Byron 1415 E. Piedmont Drive Suite 3 Tallahassee, FL 32308	I	attorney	CH			\$200.00
3							
8/4/2016 / /	Frick, Beverly 505 Talaflo Street Tallahassee, Fl 32308	I		CH			\$25.00
4							
8/4/2016 / /	Bailey, Myrtle 4912 Vernon Road Tallahassee, FL 32317	I	retired	CH			\$250.00
5							
8/4/2016 / /	Phipps, Jeffrey 8960 N. Meridian Rd Tallahassee, FL 32312	I	real estate	CH			\$250.00
6							
8/4/2016 / /	Sman Management, LLC, 8960 N. Meridian Rd Tallahassee, FL 32317	B	real estate	CH			\$250.00
7							
8/5/2016 / /	Kelly, Thomas 1202 Ewig Ln. Hayward, WI 54843	I		CH			\$50.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mary Ann Lindley (2) I.D. Number 387  
 (3) Cover Period 7/30/2016 through 8/5/2016 (4) Page 2 of 2

(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		Type	Occupation				
8/5/2016 / /	Stauber, Alvin 2514 Betton Woods Dr. Tallahassee, FL 32308	I		CH			\$50.00
9							
8/5/2016 / /	Kirby, David 1168 Seminole Dr. Tallahassee, FL 32301	I		CH			\$100.00
10							
8/5/2016 / /	Walton, Susan 7019 McBride Pointe Tallahassee, FL 32312	I	nursing	CH			\$150.00
11							
8/5/2016 / /	Scriven, Charles 2002 Versailles Ct. Tallahassee, FL 32308	I		CH			\$100.00
12							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mary Ann Lindley

(2) I.D. Number 387

(3) Cover Period 7/30/2016 through 8/5/2016

(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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