CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Linette Matheny	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1231214]						
(2) <u>1117 Monroe Aveune</u> Addross (number and streat)	Submitted on:						
Address (number and street) St. Cloud, FL 34769	9/18/2020 11:32:04 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 384						
(4) Check appropriate box(es):							
Candidate Office Sought: St Cloud City	Council Member Seat 2						
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	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 <u>8</u> / <u>22</u> / <u>2020</u> To	9 / 4 / 2020 Report Type: <u>G2</u>						
Original Amendment Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,, <u>10</u> . <u>45</u>	Expenditures \$, , , 00						
Loans \$,,0.00	Transfers to						
	Office Account \$,,000						
Total Monetary \$,, 10.45							
	Total Monetary \$, , , 0 . 00						
In-Kind \$,, <u>0</u> .00							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>23</u> , <u>311</u> . <u>35</u>	\$, <u>2</u> _, <u>644</u> . <u>80</u>						
	tification son to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, con	rect, and complete:						
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>X</u>						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Linette Matheny			(2) I.D. Number				
	8/22/2020		9/4/2020					
(3) Cover Per	iod / /	thr	ough	11	(4) Pa	ge	_ of _1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	6	ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
8/24/2020 / /	Vidrine, Andre PO Box 1391 Winter Park, FL 32790		engineer	СН		Delete	\$339.5	
1								
8/24/2020 / /	Vidrine, Andre PO Box 1391 Winter Park, FL 32790	I	engineer	СН		bbA	\$350.0	
2								
1 1								
1 1	_							
1 1	_							
1 1								
1 1						3		
/ /								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Linette Matheny (2) I.D. Number 384							
(3) Cover Period	8/22/2020 /through	9/4/2020	(4) Page <u>1</u>	of	0		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
_/ /							
_/ /							
_/ /							
_/ /							
11							
_/ /							

DS-DE 14 (Rev. 11/13)

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