CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Linette Matheny	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	1117 Monroe Aveune	Submitted on:						
	Address (number and street)	11/15/2020 14:18:13 (eastern)						
	St. Cloud, FL 34769 City, State, Zip Code							
	_	(2) ID Niverborn						
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
		Council Member Seat 2						
	☐ 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						
	marviada making dissilonsoning communications)							
	(5) Report	Identifiers						
Cove	er Period: From 10 / 30 / 2020 To	2 / 1 / 2021 Report Type: TRG						
X O	original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$, , 0 . 00	Expenditures \$,1 , 533 . 70						
	Φ 0.00							
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tota	Il Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00						
TOLA	Monetary \$,,	Total Monetary \$, 1 ,533 . 70						
In-Ki	ind \$, , 0.00	,,,						
III-IXI	, <u> </u>	(8) Other Distributions						
		\$, , 000_						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>29</u> , <u>811</u> . <u>35</u>						
	(11) Ceri	tification						
	It is a first degree misdemeanor for any pers	on 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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
J.	,							
X		<u>X</u>						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Linette Matheny				2) I.D. Numbe	er	84
	10/30/2020 od///		2	/1/2021	(4) Pag	e 1	of ⁰
(o) cover rem	· · · · · · · · · · · · · · · · · · ·						
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution	In-kind	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Linet	te Mathe	ny				_ (2) I.D. Num	nber		384	300
	10/30/	2020		2/1/202	1					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/15/2020	Matheny, Linette Rene 1117 Monroe Avenue Saint Cloud, FL 34769	repayment of loan	RM		\$1,533.70
1					
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DS-DE 14 (Rev					