

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Linda Lou Osborne  
 Name

(2) PO Box 944  
 Address (number and street)

Melrose, FL 32666  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1160223]

Submitted on:  
 7/9/2018 17:19:04 (eastern)

Check here if address has changed (3) ID Number: 305

(4) Check appropriate box(es):

Candidate Office Sought: School Board Dist 4

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 6 / 23 / 2018 To 7 / 6 / 2018 Report Type: P2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 177 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 177 . 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**  
 \$      ,      , 2 , 677 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 1 , 253 . 16

### (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 Lou Osborne (2) I.D. Number 305  
 (3) Cover Period 6/23/2018 through 7/6/2018 (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
(6) Sequence Number							
6/23/2018 / /	JUAN'S , AUTO SALVAGE 1374 C.R. 308 CRESCENT CITY, FL 32112	B	small business owner	CA			\$50.00
1							
6/23/2018 / /	HERRERA, RAQUEL 1374 C.R. 308 CRESCENT CITY, FL 32112	I	homemaker	CA			\$50.00
2							
6/27/2018 / /	JAIMES, OSCAR 108 WOODSIDE LN LAKE COMO, FL 32157	I	paraprofes sional	CA			\$50.00
3							
6/27/2018 / /	JAIMES, SANTIAGO 108 WOODSIDE LN LAKE COMO, FL 32157	I	carpenter	CA			\$27.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Linda Lou Osborne

(2) I.D. Number 305

(3) Cover Period 6/23/2018 through 7/6/2018

(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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