	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Linda Lou Cleveland	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1103419]						
(2)	315 Hwy 273	Submitted on:						
	Address (number and street) Chipley, Fl 32428	5/2/2016 12:09:01 (eastern)						
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number:33						
(4)	Check appropriate box(es):							
(-)	 ☐ Candidate Office Sought: School Board Member District 2 ☐ 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 ☐ Check here if no other IE or EC reports will be formula to the property of the property of							
	individual making electioneering communications)							
	, , ,	dentifiers						
Cov	ver Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2016}{2016}$ To	4 / 30 / 2016 Report Type: 2016M						
X O	Driginal ☐ Amendment ☐ Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	sh & Checks \$,2 , _00000	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
	al Monetary \$,2 ,00000	Total Monetary \$, , , 0 . 00						
In-Ki	íind \$, , 0 . <u>00</u>							
		(8) Other Distributions \$, , 000						
(9)	TOTAL Monetary Contributions To Date \$, 2 , _00000	(10) TOTAL Monetary Expenditures To Date \$, , 0 00						
	(11) Cert It is a first degree misdemeanor for any perso certify that I have examined this report and it is true, corre	ect, and complete:						
	「ype name) Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer relectioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Lou Cleveland			(2) I.D. Number						
	4/1/2016			/30/2016					
(3) Cover Perio	od / /	thro			(4) Page	e 1	of 1		
1000. 98		,	1450						
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor 	Contribution	In-kind				
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount		
4/22/2016	Cleveland, Linda C 315 Hwy 273		retired-de an	CH			\$2,000.0		
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

4/1/2016 4/	30/2016		-	0
(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)	(11) Amoun
	4/1/2016 4/ / / through (7) Full Name (Last, Suffix, First, Middle) Street Address &	4/1/2016 / / through / / (2016 / / through / / (2016 (7) (8) Full Name (Last, Suffix, First, Middle) Street Address & (add office sought if contribution to a	4/1/2016 / / through / / (4) Page 1 (7) (8) (9) Full Name (Last, Suffix, First, Middle) Street Address & (add office sought if contribution to a Expenditure	4/1/2016