	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Linda Lou Cleveland	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1198545]					
(2)	315 Hwy 273	Submitted on:					
	Address (number and street)	2/3/2020 13:21:58 (eastern)					
	Chipley, FL 32428 City, State, Zip Code	—					
	Check here if address has changed	(3) ID Number: 51					
(4)	_	(3) ID Number:51					
(4)	Check appropriate box(es): X Candidate Office Sought: School Board I	Mombor District 2					
		Member District Z					
		☐ 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					
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2020}$ To	1 / 31 / 2020 Report Type: M1					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	!	Monetary					
Cash	h & Checks \$, , ,000	Expenditures \$, , 0 . 00					
	\$ 0.00						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	al Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00					
Ιυια	1 Monetary	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, , 17 . 50	,,,					
III°IXi	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions					
		\$,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>0</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>					
	(11) Cert	<u> </u> tification					
	It is a first degree misdemeanor for any person						
I certify that I have examined this report and it is true, correct, and complete:							
	(Type name) (Type name)						
	ype name) Individual (only for IE Treasurer Deputy Treasurer	(Type name) Candidate Chairperson (only for PC and PTY)					
	electioneering comm.)	G sharperson (s.i.y is a state)					
х		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Lou Cleveland				(2) I.D. Number					
	1/1/2020)		1/31/	2020				
(3) Cover Period		/	through	1	1	(4) Page	1	$_{-}$ of $_{-}^{1}$	_

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1/28/2020	Cleveland, Linda Lou 315 Hwy 273 Chipley, Fl 32428	S		IK	pay for petitions verificati on		\$11.0
1/31/2020	Cleveland, Liinda Lou 315 Hwy 273 Chipley, FL 32428	I	retired	IK	pay for candidate petition review.		\$6.5
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Linda Lou Cleveland (2) I.D. Number 51								
	1/1/2020 1/31 //through/		4) Page <u>1</u>		0			
(5) Date (6) Sequence Number	(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) Amount			
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