FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) McLean, Elizabeth Candidate, Committee or Party Name (3) City Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _____SPRINGFIELD COMMISSIONER WARD 3 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From Open To 3/14/2003 Report Type: M1 Cover Period: 🗸 Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 722.30 Cash & Checks Expenditures Transfers to Office 725.00 0.00 Loans Account 725.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 722.30 725.00 \$ (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 I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CAMI AIGN TREASORER'S REPORT - TEMIZED CONTRIDUTIONS									
(1) Name McLean, Elizabe			eth		I.D. Numb	er <u>mcle</u>	rmclean1		
(3) Cover Perio	od <u>Open</u> through	3/	14/2003	(4)	Page	1 of	1		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	Co	(8) ntributor	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount		
2/13/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32401	I	Candid te	LOA			200.00		
1									
3/5/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32401	I	Candid te	LOA			525.00		
DS-DE 13 (7/98	SEE REVERSE 1	OR IN	STRUCTIO	NS AND CO	DE VALUES				

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	McLean, Elizabeth			(2) I.D. Nur	(2) I.D. Number		mclean1		
(3) Cover Period	Open	through	3/14/2003	(4) Page	1	of	1		

(0) 00 (01 1 01)	odthrough		4) Page	OI _	
(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
2/13/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32401	Verification of Signatures	MON		2.30
1					
3/5/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32401	Campaign Filing Fee	MON		720.00
2					
DS-DE 14 (7/98	SEE REVERSE FOR	INSTRUCTIONS AND C	ODE VALUES		

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) McLean, Elizabeth Candidate, Committee or Party Name (3) City Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _____SPRINGFIELD COMMISSIONER WARD 3 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From Open To 3/14/2003 Report Type: M1 Cover Period: Amendment Original Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 722.30 Cash & Checks Expenditures Transfers to Office 0.00 725.00 Loans Account 725.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 722.30 725.00 \$ (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 I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	McLean, Elizabeth			(2) I.D. Nur	(2) I.D. Number		mclean1		
(3) Cover Period	Open	through	3/14/2003	(4) Page	1	of	1		

Date (6)	Full Name	l 5			
Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/13/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32401	Verification of Signatures	MON	DEL	2.30
1					
2/13/2003	Supervisor of Elections 205 Mosley Dr. Lynn Haven, FL 32444	Verification of Signatures	MON	ADD	2.30
3					
3/5/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32401	Campaign Filing Fee	MON	DEL	720.00
2					
3/5/2003	City of Springfield 3539 E. 3rd Street Springfield, Fl 32401	Campaign Filing Fee	MON	ADD	720.00
4					