## 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 Close Report Type: Cover Period: 🗸 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary Cash & Checks Expenditures Transfers to Office 50.00 0.00 Loans Account 50.00 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 775.00 775.00 \$ (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 Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY only) X Signature Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	McLean, Elizabeth				(2) I.D. Numbermclean1				
(3) Cover Period $\frac{4/18/2003}{}$ through									
		_ through <sub>-</sub>		Close			1of	1 (12)	
(5) Date (6)	(7) Full Name (Last, Suffix, First,	Middle)	Coi	(8) ntributor	(9)	(10)	(11)	(12)	
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
3/17/2003	McLean Elizabeth V 713 Cindy Lee Lane Springfield, Fl 32		I	Candid te	LOA	·		50.00	
1									
DS-DE 13 (7/98	SEI	E REVERSE F	OR IN	  STRUCTIO	 NS AND CO	DE VALUES			

DS-DE 13 (7/98)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	McLean,	(2) I.D. Nu	(2) I.D. Number		mclean1			
(3) Cover Period _	4/18/2003	through	Close	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date  (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
4/1/2003	McLean Elizabeth V 713 Cindy Lee Lane Lynn Haven, Fl 32401	Repayment of Loan	DIS		52.39
1					
4/1/2003	Regions Bank 103 S. Tyndall Parkway Callaway, Fl 32404	Service Charge	MON		0.31
2					
	-				
	-				
	_				
DS-DE 14 (7/9	SEE REVERSE FOR	TINSTRUCTIONS AND C	ODE VALUES		