FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) McLean, Beth	(2) mclean3				
Candidate, Committee or Party Name	I.D. Number				
(3) _713 Cindy Lee Lane	Panama City Fl 32401				
Address (number and street)	City State Zip Code				
Check box if address has changed since	last report				
(4) Check appropriate box(es):					
Candidate (office sought):	IGFIELD 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				
Cover Period: From <u>1/1/2007</u> To	3/9/2007 Report Type: M1				
✓ Original Amendment Special Election Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$1,500.00	Monetary Expenditures \$2,437.39				
Loans \$3,500.00	Transfers to Office 0.00 Account \$0.00				
Total Monetary \$5,000.00	Total Monetary \$2,437.39				
In-Kind \$717.25	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date					
\$5,000.00	\$2,437.39				
(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 I certify that I have examined this report and it is true, correct and complete					
Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY on					
X X					
Signature Signature					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

	CAMPAIGN TREASURER'S	S REP	PORT – I	ΓEMIZED	CONTRI	BUTIONS	
(1) Name	McLean, Beth			(2)	I.D. Numb	ermcle	ean3
(3) Cover Peri	od <u>1/1/2007</u> through	3/	9/2007	(4)	Page	1 of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Сог	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
3/1/2007	McLean Elizabeth V 713 Cindy Lee Lane	I	Candid te	CAS	Description		1,500.00
3/8/2007 2	McLean Elizabeth V 713 Cindy Lee Lane Panama City, Fl 32401	I	Candid te	INK	Old Campaign Signs		717.25
3/9/2007 3	McLean Elizabeth v 713 Cindy Lee Lane Panama City, Fl 32401	I	Candid te	LOA			3,500.00

	CAMPAIGN	TREASURER'S	REPORT –	ITEMIZED	EXPENDITURES
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(1)	Name
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(1) Name ______ McLean, Beth _____ (2) I.D. Number _____mclean3

(3) Cover Period <u>1/1/2007</u> through <u>3/9/2007</u> (4) Page <u>1</u> of <u>1</u>

(5)	(7)	(8)	(9)	(10)	(11)
(5) 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
3/2/2007	Supervisor of Election 205 Mosley Drive Lynn Haven, Fl 32444	Petition Verification	MON		3.00
1					
3/2/2007	Supervisor of Election 205 Mosley Drive Lynn Haven, Fl 32444	Qualifying Fee	MON		786.77
2					
3/6/2007	Sun Signs 1814 High Avenue Panama City, Fl 32405	Disclaimer Labels	MON		79.88
3					
3/7/2007	Sun Signs 1814 High Avenue Panama City, Fl 32405	Disclaimer Decals	MON		167.74
4					
3/9/2007	McLean Elizabeth V 713 Cindy Lee Lane Panama City, Fl 32401	Reimbursement of cash contribution	REF		1,400.00
5					
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FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) McLean, Beth	(2) mclean3				
Candidate, Committee or Party Name	I.D. Number				
(3) 713 Cindy Lee Lane	Panama City Fl 32401				
Address (number and street)	City State Zip Code				
Check box if address has changed since	last report				
(4) Check appropriate box(es):					
Candidate (office sought):	GFIELD 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				
Cover Period: From $\frac{1/1/2007}{1}$ To					
Original Amendment Special Elect					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$1,500.00	Monetary Expenditures \$2,437.39				
	Transfers to Office				
Loans \$ <u>3,500.00</u>	Account \$0.00				
<i>Total Monetary</i> \$5,000.00	Total Monetary \$2,437.39				
In Kind \$ 717.25	(9) Other Distributions $\$$ 0.00				
In-Kind \$117.25	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date					
\$5,000.00	\$ 2,437.39				
(11) CERTIFICATION					
It is a first degree misdemeanor for any pers	on 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 I certify that I have examined this report and it is tr correct and complete					
Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY					
X X					
Signature	Signature				

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	CAMPAIGN TREASURER'S		ED EXPEND		
(1) Name	McLean, Beth	(2) I.D. Numb	permcl	ean3
(3) Cover Per	iod1/1/2007 through	3/9/2007 (4) Page	of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
3/2/2007	Supervisor of Election 205 Mosley Drive Lynn Haven, Fl 32444	Qualifying Fee	MON	DEL	786.77
2					
3/2/2007	City of Springfield 3529 E. 3rd Street Springfield, Fl 32401	Qualifying Fee	MON	ADD	786.77
6					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES