

### CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Barbara (Bobbie) Duna Lindsay  
Name

(2) 212 Caribbean Rd.  
Address (number and street)

Palm Beach, FL 33480  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Palm Beach Town Council, Group III

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

#### (5) Report Identifiers

Cover Period: From 2 / 1 / 18 To 4 / 9 / 18 Report Type: TR

Original

Amendment

Special Election Report

#### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

#### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

#### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

#### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

#### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

#### (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 true, correct, and complete:

(Type name) Mary Louise Antle (Weegie)  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Mary Louise Antle  
Signature

(Type name) Barbara D. Lindsay  
 Candidate  Chairperson (only for PC and PTY)

X Barbara D. Lindsay  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Barbara (Bobbie) Duna (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2 / 1 / 18 through 4 / 9 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							0.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Barbara D. Lindsey

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 2 / 1 / 18 through 4 / 9 / 18

(4) Page 1 of 1

(5) Date	(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) Amendment	(11) Amount
/ /					0.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					