FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) MARILYN BEYER (2) MARILYN BEYER Candidate, Committee or Party Name **(3)** P.O. BOX 3000 33037 KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______K.L. FIRE & EM MED. DIST 6 Seat 5 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS 6/20/2008 To 9/18/2008 Cover Period: From Report Type: 🖊 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 Cash & Checks Expenditures Transfers to Office 0.00 100.00 Loans Account 100.00 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 100.00 100.00 \$ (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

(1) Name	NameMARILYN BEYER			(2) I.D. Number MARILYN BEYE				
(3) Cover Peri	od6/20/2008 through	9/	18/2008	(4)	Page	1 of	1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	Со	(8) ntributor	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
5/12/2008	BEYER MARILYN 968 SHAW DR KEY LARGO, FL 33037	I	FUNERAL DIRECT R	LOA			100.00	
DS-DE 13 (7/98	SEE REVERSE	FOR I	I NSTRUCTIO	NS AND CO	DE VALUES			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	MARIL	(2) I.D. Nur	(2) I.D. Number MARILYN BEYER					
(3) Cover Period	6/20/2008	through	9/18/2008	(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
5/17/2008	SUPERVISOR OF ELECTIONS 88820 OVERSEAS HWY PLANTATION, FL 33070	QUALIFYING FEE	MON		25.00
1					
7/14/2008	BEYER MARILYN 968 SHAW DR KEY LARGO, FL 33037	REPAYMENT OF LOAN	MON		75.00
2					
	_				
	_				
	_				
OS-DE 14 (7/9	 8) SEE REVERSE FOR	INSTRUCTIONS AND C	ODE VALUES		