

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED

2007 APR 25 PM 4:15  
 OFFICE USE ONLY  
 CITY CLERK'S OFFICE

(1) LINDA CORAZ  
 Name  
 (2) 451 E. Hibino Dr.  
 Address (number and street)  
M.A. FL 33138  
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): Commissioner Group VI  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11/01/07 To 3/31/07 Report Type Q1-07  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 8,900.00  
 Loans \$ 25,000.  
 Total Monetary \$ 33,900  
 In-Kind \$ 2,184.75

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0  
 Transfers to Office Account \$ 0  
 Total Monetary \$ 0

(8) Other Distributions

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_

(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)

- Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Linda Coraz  
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

- Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Linda Coraz  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Graz (2) I.D. Number \_\_\_\_\_

(3) Cover Period 11/1/07 through 3/31/07, (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
4/4/07 481.	Steiner, Esther 460 W. Dilmo	I	ret.	ck.		Del.	200 <sup>00</sup> / <sub>00</sub>
4/7/07 6642	AMAZON, Kip BARBARA 22 W. Riva.	I.	MD. DENTAL TECH.	ck.		Del.	200 <sup>00</sup> / <sub>00</sub>
3/23/07.	Linda Graz 451 E. Dilmo MA FL. 32129.	I		INK	print brochures	ADD.	\$1524.75
3/31/07	Linda Graz 451 E. Dilmo MA. FL. 32129.	I		INK.	neighbor. AD	ADD	300 <sup>00</sup>
1/1							
1/1							
1/1							
1/1							

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