

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Deborah Anderson

Name

(2) 520 Verdi Street

Address (number and street)

Venice, FL 34285

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

CLERK 31DEC'14 AM 9:14

(4) Check appropriate box(es):

Candidate Office Sought: _____

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 10 / 18 / 14 To 10 / 30 / 14 Report Type: G7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 100 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 411 . 67

(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) Deborah Anderson

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Deborah Anderson
Signature

(Type name) Deborah Anderson

Candidate Chairperson (only for PC and PTY)

X Deborah Anderson
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deborah Anderson for Venice City Council Seat 1

(2) I.D. Number _____

(3) Cover Period 10 / 18 / 14 through 10 / 30 / 14

(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
(6) Sequence Number					
10 / 20 / 14	Donald Anderson 520 Verdi Street Venice, FL 34285	partial loan repayment			
4			CAN	ADD	\$100.00
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