CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) <u>Deborah Anderson</u> Name (2) 520 Verdi Street	OFFICE USE ONLY				
Address (number and street) Venice, FL 34285 City, State, Zip Code					
☐ Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es): Candidate Office Sought: Vonce Cty Cond Soci 2 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
/E\ Donort	Idontifione				
	ricial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, 360 - 00	Monetary Expenditures \$,, _23				
Loans \$, ,	Transfers to Office Account \$, ,				
Total Monetary \$	Total Monetary \$, , <u>23</u> . <u>20</u>				
In-Kind					
	(8) Other Distributions \$, ,				
(9) TOTAL Monetary Contributions To Date \$,/, &o2.00_	(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) DQborah Anderson ☐ Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer	(Type name) Dobb(ab Anderson Chairperson (only for PC and PTY)				
X Descorat anderson Signature	X Weboral anderson. Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Name Deborgh Underson		
			_
(3) Cover Period	10/21/12 through $1/2/17$	(4) Page	of 7

(5)	(7)	(8)	(9)	(10)	(11)
(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
10/27/17	Deborah anderson 520 Verdi venice, FL 34285	office	RMB		\$6.
11/1/17	Bank of america 304 W Venice Ave Venice, FL 34285	bankfee	CAN		\$17,
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	1) Name Debosah anderson			(2) I.D. Number			
(3) Cover Period 10 1 21 1 17 through 11 1 2 1 17 (4) Page 1 of 1							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10,26,17	Dan Lobeck 1771 Ringing Blu	<u>/</u>	attorney	CHE			\$200
1	Dan Lobeck 1771 Ringing Blu Sarasota, FL 34236	I					
10,26,17	Vincent + Jennifer Sites 343 Marsh Creek Rd, Venice, FC 34292	I	UNKNOWN	CHE			\$100
2	Rd, Venice, FC 34292						
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES