

CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Deborah Anderson Name (2) 520 Vordi Street Address (number and street) 100109 FL 34785	OFFICE USE ONLY						
City, State, Zip Code	(3) ID Number:						
Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Venice City Council Seat 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							
Cover Period: From 7 / 1 17 To							
☐ Original ☐ Amendment ☐ Spe	ecial Election Report						
(6) Contributions This Report Cash & Checks \$,, /20 . 0 0 Loans \$,,,	(7) Expenditures This Report Monetary Expenditures \$,,/55./5 Transfers to Office Account \$						
Total Monetary \$	Office Account \$,						
	(8) Other Distributions \$,						
(9) TOTAL Monetary Contributions To Date \$,/_, QOQ.	(10) TOTAL Monetary Expenditures To Date \$,, 257/5						
	tification on to falsify a public record (ss. 839.13, F.S.)						
Type name) Deborce And Control And Son	(Type name) Deborah Anderson Chairperson (only for PC and PTY)						
X Deborat anderson	x Worah anderson Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES						
(1) Name Deborah Andorson	(2) I.D. Number					
(3) Cover Period 9 1 1 1 7 through 9 1 301 1 7	(4) Page of					

(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			
9/1/17	Mackenzie Printing + Mai'l Marketing Unitc 200 N. Tamiam; Unitc Venice +L 34285 Dorsett Gigns Inc 258 Brs Grovo St	brochures printing	CAN		\$ 155,15			
9/6/17	Dorsett Grans Inc 258 Sorovo St VOLICE, FL 34285	Digns eq.mt	CAN		\$107.00			
9/7/17	Dorsett Signs Inc 258 S. Grove St Venice, FL 34285	signs eq.mt	REF		-107.00			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name 1) (b) (ah 1-h) (l/Son (2) I.D. Number									
(3) Cover Period 9 / 1 / 1 + through 9 / 30 / 1 + (4) Page / of /									
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
9, 1,17	CJ Vavrek 575 Sawgrass 3 Bridge Venice, FL 34292	I	retired	CHE			\$100.		
1 1	39 29 2								
1 1									
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1 1									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES