

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

(1) Carlene Anderson
Name

(2) 117 Pine Shores Road
Address (number and street)

DeFuniak Springs, FL 32435
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
ONLINE SUBMISSION
[1006611]

(3) ID Number: 91

(4) **Check appropriate box(es):**

Candidate (office sought): Superintendent of Schools

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 7/19/2008 To 8/1/2008 / Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>4,448.92</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>4,448.92</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 12,500.00

(10) TOTAL Monetary Expenditures To Date
\$ 5,165.53

(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.

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(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

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

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carlene Anderson (2) I.D. Number 91

7/19/2008 through 8/1/2008

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carlene Anderson

(2) I.D. Number 91

7/19/2008 through 8/1/2008

(3) Cover Period / / through / /

(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
7/25/2008 //	Smith's Signs and Printing, 24 S. 8th Street DeFuniak Springs, Fl 32433	printing expense	MO		\$1,807.23
1					
7/29/2008 //	First National Bank and Trust, 272 Highway 90 DeFuniak Springs, Fl 32433	service charge	MO		\$1.99
2					
7/29/2008 //	First National Bank and Trust, 272 Highway 90 DeFuniak Springs, Fl 32433	c.d. service charge	MO		\$5.00
3					
7/31/2008 //	Cass Data, 26 Eglin Parkway Suite 4 Fort Walton Beach, Fl	mail-out expense	MO		\$1,700.00
4					
7/31/2008 //	WRWF, P. O. Box 1818 Santa Rosa Beach, Fl 32459	donation	MO		\$25.00
5					
7/31/2008 //	WZEP Radio, 449 N. 12th. Street DeFuniak Springs, Fl 32433	advertisi radio ng	MO		\$909.70
6					
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