	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1)	Rita Anderson	OFFICE USE ONLY
` '	Name	ONLINE SUBMISSION
(2)	2659 Myakka Marsh Lane	Submitted on:
	Address (number and street)	10/19/2016 23:55:10 (eastern)
	Port Charlotte,, FL 33953	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number: 482
(4)	Check appropriate box(es):	
	☐ Candidate Office Sought: Riverwood CDD	), Group 3 - General Election Only
	Political Committee (PC)	
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ 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
	individual making electioneering communications)	
	(E) D	
Cove		t Identifiers
		10 / 14 / 2016 Report Type: <u>G5</u>
<u>X</u> 0	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cash	n & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , 0 . 00
	<b>\$</b>	
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$
<b>-</b> .		Office Account \$ , , , 0 . 00
rota	I Monetary \$ , , 000	Total Monetary \$ . 0 . 00
	. ¢ 14 00	Total Monetary \$ , , 0 . 00
In-Ki	nd \$,, <u>14</u> . <u>00</u>	
		(8) Other Distributions
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, ,, 0 . 00	\$ , , 0.00
		tification son to falsify a public record (ss. 839.13, F.S.)
Ιc	certify that I have examined this report and it is true, corr	rect, and complete:
(T	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		x
	gnature	Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Rita Anderson		(2) I.D. Number						
	10/8/2016		1	0/14/2016					
(3) Cover Peri	od / /	thro	ough	11_	(4) Pag	e	of		
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor 	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
10/8/2016	Castle, Barb 3310 Bay Ridge Way	I	retired	IK	refreshmen ts		\$14.0		
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	Anderson 10/8/2016	10	/14/2016	2) I.D. Numbei		
) Cover Period _		through	_//(	4) Page <u>1</u>	of	0
(5) Date  (6) Sequence Number	(7) Full Nam (Last, Suffix, Firs Street Addre City, State, Zip	t, Middle) ess &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
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DS-DE 14 (Rev. 11/	SEE REVERSE FOR INS	TRUCTIONS AND CODE	VALUES	