

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carolyn Anderson
 Name
 (2) 11479 Sarasota Lane
 Address (number and street)
Jacksonville, FL 32218
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1087277]

Submitted on:
 4/23/2015 16:30:34 (eastern)

Check here if address has changed

(3) ID Number: 607

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 7
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2015 To 4 / 16 / 2015 Report Type: TRQ

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 799 . 16

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 799 . 16

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

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carolyn Anderson (2) I.D. Number 607

1/1/2015 through 4/16/2015

(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 Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 | | | | | |
| 4/15/2015 // | Way, Deloris 11510 Manatee Dr. Jax, Fl 32218 | partial reimbursement | DI | Delete | \$47.00 |
| 1 | | | | | |
| 4/15/2015 // | Way, Deloris 11510 Manatee Dr. Jax, Fl 32218 | partial reimbursement | DI | Add | \$46.80 |
| 2 | | | | | |
| 4/15/2015 // | Watson, Curtis 2152 Barry Dr. S. Jax, Fl 32208 | partial reimbursement | DI | Delete | \$23.50 |
| 3 | | | | | |
| 4/15/2015 // | Watson, Curtis 2152 Barry Dr. S. Jax, Fl 32208 | partial reimbursement | DI | Add | \$23.40 |
| 4 | | | | | |
| 4/15/2015 // | Watson, Bernard 1423 E. 28th Street Jax, Fl 32206 | partial reimbursement | DI | Delete | \$23.50 |
| 5 | | | | | |
| 4/15/2015 // | Watson, Bernard 1423 E. 28th Street Jax, Fl 32206 | partial reimbursement | DI | Add | \$23.40 |
| 6 | | | | | |
| 4/15/2015 // | Maddox, Trevor 10591 Dove Lane Jax., Fl 32218 | partial reimbursement | DI | Delete | \$23.50 |
| 7 | | | | | |
| 4/15/2015 // | Maddox, Trevor 10591 Dove Lane Jax., Fl 32218 | partial reimbursement | DI | Add | \$23.40 |
| 8 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 | | | | | |
| 4/15/2015 // | Clark, Larry 1727 Artistides Ct Jax, Fl 32218 | partial reimbursement | DI | Delete | \$9.40 |
| 9 | | | | | |
| 4/15/2015 // | Clark, Larry 1727 Artistides Ct Jax, Fl 32218 | partial reimbursement | DI | Add | \$9.36 |
| 10 | | | | | |
| 4/15/2015 // | Anderson, Tinika 11479 Sarasota Lane Jax, FL 32218 | partial reimbursement | DI | Delete | \$235.00 |
| 11 | | | | | |
| 4/15/2015 // | Anderson, Tinika 11479 Sarasota Lane Jax, FL 32218 | partial reimbursement | DI | Add | \$234.00 |
| 12 | | | | | |
| 4/15/2015 // | Butler, Lorraine 671 Reflection Cove Ct. Jax, Fl 32218 | partial reimbursement | DI | Delete | \$94.00 |
| 13 | | | | | |
| 4/15/2015 // | Butler, Lorraine 671 Reflection Cove Ct. Jax, Fl 32218 | partial reimbursement | DI | Add | \$93.60 |
| 14 | | | | | |
| 4/15/2015 // | Williams, Lewis 1853 Key Biscayne Dr., N. Jax, Fl 32218 | partial reimbursement | DI | Delete | \$94.00 |
| 15 | | | | | |
| 4/15/2015 // | Williams, Lewis 1853 Key Biscayne Dr., N. Jax, Fl 32218 | partial reimbursement | DI | Add | \$93.60 |
| 16 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

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(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Ward, Roland 10932 Lava Drive Jax, Fl 32214 | partial reimbursement | DI | Delete | \$188.00 |
| 17 | | | | | |
| 4/15/2015 // | Ward, Roland 10932 Lava Drive Jax, Fl 32214 | partial reimbursement | DI | Add | \$187.20 |
| 18 | | | | | |
| 4/15/2015 // | Ruffin, Susan 12669 Sampson Rd Jax, Fl 32218 | partial reimbursement | DI | Delete | \$94.00 |
| 19 | | | | | |
| 4/15/2015 // | Ruffin, Susan 12669 Sampson Rd Jax, Fl 32218 | partial reimbursement | DI | Add | \$93.60 |
| 20 | | | | | |
| 4/15/2015 // | Leon, Marie 1822 Haverford Road, Apt.#2 Jax. , Fl 32218 | partial reimbursement | DI | Delete | \$23.50 |
| 21 | | | | | |
| 4/15/2015 // | Leon, Marie 1822 Haverford Road, Apt.#2 Jax. , Fl 32218 | partial reimbursement | DI | Add | \$23.40 |
| 22 | | | | | |
| 4/15/2015 // | Coney, Evelyn 10825 Key Haven Blvd Jax, Fl 32218 | partial reimbursement | DI | Delete | \$2.00 |
| 23 | | | | | |
| 4/15/2015 // | Coney, Evelyn 10825 Key Haven Blvd Jax, Fl 32218 | partial reimbursement | DI | Add | \$4.68 |
| 24 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

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(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Turner, Linda 8912 10th Ave Jax, Fl 32208 | partial reimbursement | DI | Delete | \$2.00 |
| 25 | | | | | |
| 4/15/2015 // | Turner, Linda 8912 10th Ave Jax, Fl 32208 | partial reimbursement | DI | Add | \$4.68 |
| 26 | | | | | |
| 4/15/2015 // | Frison, Marilyn 12648 Wimica Lane Jax, Fl 32218 | partial reimbursement | DI | Delete | \$23.50 |
| 27 | | | | | |
| 4/15/2015 // | Frison, Marilyn 12648 Wimica Lane Jax, Fl 32218 | partial reimbursement | DI | Add | \$23.40 |
| 28 | | | | | |
| 4/15/2015 // | Wright, James 1601 Dunn Ave Jax, Fl 32218 | partial reimbursement | DI | Delete | \$47.00 |
| 29 | | | | | |
| 4/15/2015 // | Wright, James 1601 Dunn Ave Jax, Fl 32218 | partial reimbursement | DI | Add | \$46.80 |
| 30 | | | | | |
| 4/15/2015 // | 32 Karat Gold, Inc., 4014 Windy Gale Dr N Jax, Fl 32218 | partial reimbursement | DI | Delete | \$94.00 |
| 31 | | | | | |
| 4/15/2015 // | 32 Karat Gold, Inc., 4014 Windy Gale Dr N Jax, Fl 32218 | partial reimbursement | DI | Add | \$93.60 |
| 32 | | | | | |

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(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Williams, Mary 11574 Suken Meadow Ct Jax, Fl 32218 | partial reimbursement | DI | Delete | \$188.00 |
| 33 | | | | | |
| 4/15/2015 // | Williams, Mary 11574 Suken Meadow Ct Jax, Fl 32218 | partial reimbursement | DI | Add | \$187.04 |
| 34 | | | | | |
| 4/15/2015 // | McKinnies, Vanette 11891 Braddock Rd Jax, Fl 32218 | partial reimbursement | DI | Delete | \$94.00 |
| 35 | | | | | |
| 4/15/2015 // | McKinnies, Vanette 11891 Braddock Rd Jax, Fl 32218 | partial reimbursement | DI | Add | \$93.60 |
| 36 | | | | | |
| 4/15/2015 // | Wade, Kathy 85271 Elise Rd Yulee, Fl 32097 | partial reimbursement | DI | Delete | \$94.00 |
| 37 | | | | | |
| 4/15/2015 // | Wade, Kathy 85271 Elise Rd Yulee, Fl 32097 | partial reimbursement | DI | Add | \$93.60 |
| 38 | | | | | |
| 4/15/2015 // | Ragin, Brian Protected | partial reimbursement | DI | Delete | \$23.50 |
| 39 | | | | | |
| 4/15/2015 // | Ragin, Brian Protected | partial reimbursement | DI | Add | \$23.40 |
| 40 | | | | | |

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(1) Name Carolyn Anderson

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(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Super Star Jewery, 5854 Norwood Ave Jax, Fl 32206 | partial reimbursement | DI | Delete | \$235.00 |
| 41 | | | | | |
| 4/15/2015 // | Super Star Jewery, 5854 Norwood Ave Jax, Fl 32206 | partial reimbursement | DI | Add | \$234.00 |
| 42 | | | | | |
| 4/15/2015 // | Decosta, Johnnie 5536 Ageson Rd. Jax, Fl 32219 | partial reimbursement | DI | Delete | \$94.00 |
| 43 | | | | | |
| 4/15/2015 // | Decosta, Johnnie 5536 Ageson Rd. Jax, Fl 32219 | partial reimbursement | DI | Add | \$93.60 |
| 44 | | | | | |
| 4/15/2015 // | Decosta , Hosea 5536 Ageson Rd Jax, Fl 32219 | partial reimbursement | DI | Delete | \$47.00 |
| 45 | | | | | |
| 4/15/2015 // | Decosta , Hosea 5536 Ageson Rd Jax, Fl 32219 | partial reimbursement | DI | Add | \$46.80 |
| 46 | | | | | |
| 4/15/2015 // | Martin, Sharon 9719 Evans Rd. Jax, Fl 32208 | partial reimbursement | DI | Delete | \$23.50 |
| 47 | | | | | |
| 4/15/2015 // | Martin, Sharon 9719 Evans Rd. Jax, Fl 32208 | partial reimbursement | DI | Add | \$23.40 |
| 48 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Coney, Evelyn 10825 Key Haven Blvd Jax, Fl 32218 | partial reimbursement | DI | Delete | \$18.80 |
| 49 | | | | | |
| 4/15/2015 // | Coney, Evelyn 10825 Key Haven Blvd Jax, Fl 32218 | partial reimbursement | DI | Add | \$18.72 |
| 50 | | | | | |
| 4/15/2015 // | Bradford, Vivian Protected | partial reimbursement | DI | Delete | \$94.00 |
| 51 | | | | | |
| 4/15/2015 // | Bradford, Vivian Protected | partial reimbursement | DI | Add | \$93.60 |
| 52 | | | | | |
| 4/15/2015 // | Boykins, Cheryl 1128 E. 23rd St Jax, Fl 32208 | partial reimbursement | DI | Delete | \$37.60 |
| 53 | | | | | |
| 4/15/2015 // | Boykins, Cheryl 1128 E. 23rd St Jax, Fl 32208 | partial reimbursement | DI | Add | \$37.44 |
| 54 | | | | | |
| 4/15/2015 // | Young, Gloria 2803 Yellow Pine Dr. Jax, Fl 32277 | partial reimbursement | DI | Delete | \$56.40 |
| 55 | | | | | |
| 4/15/2015 // | Young, Gloria 2803 Yellow Pine Dr. Jax, Fl 32277 | partial reimbursement | DI | Add | \$56.16 |
| 56 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 | | | | | |
| 4/15/2015 // | Hawkins, Laverne 5710 Lenox Ave Jax, Fl 32208 | partial reimbursement | DI | Delete | \$23.50 |
| 57 | | | | | |
| 4/15/2015 // | Hawkins, Laverne 5710 Lenox Ave Jax, Fl 32208 | partial reimbursement | DI | Add | \$23.40 |
| 58 | | | | | |
| 4/15/2015 // | Warren, Joe 7028 Valley Crest Jax, Fl 32277 | partial reimbursement | DI | Delete | \$3.76 |
| 59 | | | | | |
| 4/15/2015 // | Warren, Joe 7028 Valley Crest Jax, Fl 32277 | partial reimbursement | DI | Add | \$3.74 |
| 60 | | | | | |
| 4/15/2015 // | Myhand, Deborah 2911 Van Gundy Rd. Jax, Fl 32208 | partial reimbursement | DI | Delete | \$47.00 |
| 61 | | | | | |
| 4/15/2015 // | Myhand, Deborah 2911 Van Gundy Rd. Jax, Fl 32208 | partial reimbursement | DI | Add | \$46.80 |
| 62 | | | | | |
| 4/15/2015 // | George, Angels 6556 Arancio Dr. W Jax, Fl 32244 | partial reimbursement | DI | Delete | \$4.70 |
| 63 | | | | | |
| 4/15/2015 // | George, Angels 6556 Arancio Dr. W Jax, Fl 32244 | partial reimbursement | DI | Add | \$4.68 |
| 64 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Brown, Wanda 2759 N. Vasser Wichita, Ks 67220 | partial reimbursement | DI | Delete | \$23.50 |
| 65 | | | | | |
| 4/15/2015 // | Brown, Wanda 2759 N. Vasser Wichita, Ks 67220 | partial reimbursement | DI | Add | \$23.40 |
| 66 | | | | | |
| 4/15/2015 // | Ponder, Claudine 7701 Timberlin Park Jax, Fl 32256 | partial reimbursement | DI | Delete | \$23.50 |
| 67 | | | | | |
| 4/15/2015 // | Ponder, Claudine 7701 Timberlin Park Jax, Fl 32256 | partial reimbursement | DI | Add | \$23.40 |
| 68 | | | | | |
| 4/15/2015 // | Linder, Barry 9532 Gisborne Drive Jax, Fl 32208 | partial reimbursement | DI | Delete | \$37.60 |
| 69 | | | | | |
| 4/15/2015 // | Linder, Barry 9532 Gisborne Drive Jax, Fl 32208 | partial reimbursement | DI | Add | \$37.44 |
| 70 | | | | | |
| 4/15/2015 // | Oliver, Bertha 810 Van Buren St, Jax, Fl 32206 | partial reimbursement | DI | Delete | \$23.50 |
| 71 | | | | | |
| 4/15/2015 // | Oliver, Bertha 810 Van Buren St, Jax, Fl 32206 | partial reimbursement | DI | Add | \$23.40 |
| 72 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 4/15/2015 // | Lewis, Deborah 2416 Christi Lakes Ct. Jax, Fl 32221 | partial reimbursement | DI | Delete | \$117.50 |
| 73 | | | | | |
| 4/15/2015 // | Lewis, Deborah 2416 Christi Lakes Ct. Jax, Fl 32221 | partial reimbursement | DI | Add | \$117.00 |
| 74 | | | | | |
| 4/15/2015 // | Davis, Henry 3215 Pearl St N Jax, Fl 32206 | partial reimbursement | DI | Delete | \$94.00 |
| 75 | | | | | |
| 4/15/2015 // | Davis, Henry 3215 Pearl St N Jax, Fl 32206 | partial reimbursement | DI | Add | \$93.60 |
| 76 | | | | | |
| 4/15/2015 // | Seabrook , Lydia 11273 Hartland Rd. Jax, Fl 32218 | partial reimbursement | DI | Delete | \$47.00 |
| 77 | | | | | |
| 4/15/2015 // | Seabrook , Lydia 11273 Hartland Rd. Jax, Fl 32218 | partial reimbursement | DI | Add | \$46.80 |
| 78 | | | | | |
| 4/15/2015 // | Henderson, Mamie 11537 Manatee Dr Jax, Fl 32218 | partial reimbursement | DI | Delete | \$37.60 |
| 79 | | | | | |
| 4/15/2015 // | Henderson, Mamie 11537 Manatee Dr Jax, Fl 32218 | partial reimbursement | DI | Add | \$37.44 |
| 80 | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carolyn Anderson

(2) I.D. Number 607

(3) Cover Period 1/1/2015 through 4/16/2015

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| (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 | | | | | |
| 4/15/2015 // | Boykins, Lachelle 1128 E. 23rd St. Jax, Fl 32208 | partial reimbursement | DI | Delete | \$18.80 |
| 81 | | | | | |
| 4/15/2015 // | Boykins, Lachelle 1128 E. 23rd St. Jax, Fl 32208 | partial reimbursement | DI | Add | \$18.72 |
| 82 | | | | | |
| 4/15/2015 // | Leonard, Nathan 4341 Ripken Cir W Jax, Fl 32224 | partial reimbursement | DI | Delete | \$70.50 |
| 83 | | | | | |
| 4/15/2015 // | Leonard, Nathan 4341 Ripken Cir W Jax, Fl 32224 | partial reimbursement | DI | Add | \$70.20 |
| 84 | | | | | |
| 4/15/2015 // | Jones, Carl 26 E. 61st St. Jax, Fl 32208 | partial reimbursement | DI | Delete | \$23.50 |
| 85 | | | | | |
| 4/15/2015 // | Jones, Carl 26 E. 61st St. Jax, Fl 32208 | partial reimbursement | DI | Add | \$23.40 |
| 86 | | | | | |
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