

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Elizabeth Andersen  
 Name  
 (2) 4435 Deep River Way E.  
 Address (number and street)  
Jacksonville, FL 32224  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1255964]

Submitted on:  
 3/2/2022 09:43:37 (eastern)

Check here if address has changed (3) ID Number: 1109

(4) Check appropriate box(es):

Candidate Office Sought: School Board Dist 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2022 To 1 / 31 / 2022 Report Type: M1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 200 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 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**  
 \$        , 20 , 705 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 355 . 40

### (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 Elizabeth Andersen (2) I.D. Number 1109  
 (3) Cover Period 1/1/2022 through 1/31/2022 (4) Page 1 of 1

(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
(6) Sequence Number						
1/30/2022 / /	Goelz, Thomas 399 Beach Ave Atlantic Beach, FL 32233	I business owner	CH		Delete	\$0.00
1						
1/30/2022 / /	Goelz, Thomas 399 Beach Ave Atlantic Beach, FL 32233	I owner at community cen	CH		Add	\$200.00
2						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Elizabeth Andersen

(2) I.D. Number 1109

(3) Cover Period 1/1/2022 through 1/31/2022

(4) Page 1 of 0

(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					
/ /					
/ /					
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/ /					
/ /					
/ /					