

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Anderson
 Name

(2) 8433 Southside Blvd; Apt 2502
 Address (number and street)

Jacksonville, Fl 32256
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1306423]

Submitted on:
 4/10/2024 16:43:52 (eastern)

Check here if address has changed

(3) ID Number: 1257

(4) Check appropriate box(es):

- Candidate Office Sought: School Board Dist 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 / 2024 To 3 / 31 / 2024 Report Type: Q1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 75 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 75 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 40 . 46

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 40 . 46

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 671 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 480 . 34

(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 Michael Anderson (2) I.D. Number 1257
 1/1/2024 through 3/31/2024
 (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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
3/29/2024 / /	Dixon, Heather 4750 colonial Ave Jacksonville, Fl 32256	I	teacher dcpas	CH			\$25.00
1							
2/29/2024 / /	Dixon, Heather 4750 Colonial Drve Jacksonville, Fl 32210	I	teacher dcpas	CH			\$25.00
2							
1/29/2024 / /	Dixon, Heather 4750 Colonial Drive Jacksonville, Fl 32210	I	teacher	CH			\$25.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael Anderson

(2) I.D. Number 1257

(3) Cover Period 1/1/2024 through 3/31/2024

(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
(6) Sequence Number					
2/5/2024 // 1	Anderson, Michael 8433 Southside Blvd Unit 2502 Jacksonville, FL 32256	2 books	MO		\$40.46
//					
//					
//					
//					
//					
//					
//					