	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Paul Anderson	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	PO Box 353041	Submitted on:						
	Address (number and street)	4/10/2018 11:58:40 (eastern)						
	Palm Coast, Fl 32135							
	City, State, Zip Code	(2) 12 11						
	Check here if address has changed	(3) ID Number: 404						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board	District 4						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cov	` , .							
<u>N</u> ∪	Original Amendment Spe	ecial Election Report T						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$ , , 20 . 00	Expenditures \$ , , <u>35</u> . <u>00</u>						
¥	<b>\$</b>							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tato	\$ 20.00	Office Account \$ , , , 0 . 00						
10เล	al Monetary \$ , , , 00	Total Monetary \$ . 35.00						
I IZ:	• 0 00	Total Monetary \$ , , <u>35</u> . <u>00</u>						
In-Ki	ind \$,, <u>0</u> .00	(C) Other Distributions						
		(8) Other Distributions \$ , , 0.00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>320</u> 00	\$ , , <u>85</u> . <u>82</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
La		• • • • • • •						
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Paul Anderson				2) I.D. Numbe	er4	04	
(3) Cover Peri	3/1/2018 od///	thro		/31/2018 //	(4) Pag	je <u>1</u>	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9)  Contribution Type	(10) In-kind Description	(11)	(12)	
3/15/2018	Parent, Alfred 2131 S. Flagler Ave. Flgler Beach, FL 32136	Ī		CA	5		\$20.0	
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name P	aul	Ander	son						 (2) I.	D. Num	ber		404	
		3/1/	20	18			3/31/2	2018						
(3) Cover Pe	eriod	1		1	throug	h	1	1	(4) P	age	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/9/2018	USPS, 2 Pine Cone Dr Palm Coast, FL 32137	post office box	MO		\$35.00
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