	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Paul Anderson	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	PO Box 352874	Submitted on:					
	Address (number and street)	10/26/2016 12:56:45 (eastern)					
	Palm Coast, Fl 32135  City, State, Zip Code						
	City, State, Zip Code  Check here if address has changed	(3) ID Number: 356					
/ A\	_	(3) ID Nullibel.					
(4)	Check appropriate box(es):  X Candidate Office Sought: School Board	District 5					
	<ul><li>X Candidate Office Sought: School Board</li><li>✓ Political Committee (PC)</li></ul>	DISCIPLE 5					
		☐ 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					
	morning decirons and communications						
	(5) Report	Identifiers					
Cov	er Period: From <u>8</u> / <u>26</u> / <u>2016</u> To	11 / 28 / 2016 Report Type: PTR					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	~	Monetary					
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to					
evanus gg	Φ 0.00	Office Account \$ , , , 0 . 00					
Tota	al Monetary \$ , , 0 . <u>00</u>	T ( I Manustania )					
	<b>*</b>	Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,,,000						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
• •	\$,2, 45000	\$,2,45000_					
	(11) Cert						
	It is a first degree misdemeanor for any personal	• • • • • • •					
I certify that I have examined this report and it is true, correct, and complete:							
(T	ype name)	(Type name)					
	Individual (only for IE	☐ 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	er3	56
	8/26/2016		1	1/28/2016		1	0
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	le	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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j j							
J J							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Paul	ıl Anderson			(2) I.D. Nun	(2) I.D. Number			356		
	8/26/2	016		11/28/2	2016					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5) Date	(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
9/6/2016	Anderson, Paul 16 Burnham Ln Palm Coast, FL 32137	loan repayment	DI		\$153.03
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