CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	PETE ANDERSON	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1097494]							
(2)	6101 NE 25TH AVE	Submitted on:							
	Address (number and street) OCALA, FL 34479	2/7/2016 21:22:58 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 298							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: SUPERINTENDENT OF SCHOOLS</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From $1 / 1 / 2016$ To	1 / 31 / 2016 Report Type: M1							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , , 000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$ . 179 . 48							
In-Ki	\$,, <u>0</u> . <u>00</u>	,,,							
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$								
(T)	(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								
X Si	gnature	X Signature							

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

(1) Name	PETE ANDERSON				2) I.D. Numbe	r2	98
	1/1/2016		1	/31/2016		1	0
(3) Cover Perio	od/	thro	ough	11_	(4) Pag	è <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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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 PE	TE	ANDERSC	N					 (2) I.D. Nur	nber	:	298	
		1/1/2	01	6		1/31/2	2016					
(3) Cover Peri	iod	I		1	through	1	1	(4) Page	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
1/25/2016	TJM Promos, 511 NW 48th Terrace Ocala, FL 34482	advertising	MO		\$179.48
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