

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) PETE ANDERSON  
 Name  
 (2) 6101 NE 25TH AVE  
 Address (number and street)  
OCALA, FL 34479  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1150388]

Submitted on:  
 3/7/2018 19:36:53 (eastern)

Check here if address has changed (3) ID Number: 404

(4) Check appropriate box(es):

Candidate Office Sought: SCHOOL BOARD - 5

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 2 / 1 / 2018 To 2 / 28 / 2018 Report Type: M2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   ,  800  .  00 

Loans \$      ,      ,   0  .  00 

Total Monetary \$      ,   1  ,  800  .  00 

In-Kind \$      ,      ,   0  .  00 

**(7) Expenditures This Report**

Monetary Expenditures \$      ,   1  ,  800  .  00 

Transfers to Office Account \$      ,      ,   0  .  00 

Total Monetary \$      ,   1  ,  800  .  00 

**(8) Other Distributions**  
 \$      ,      ,   0  .  00 

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   1  ,  800  .  00 

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,   1  ,  800  .  00 

### (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       PETE ANDERSON       (2) I.D. Number       404        
 (3) Cover Period       2/1/2018       through       2/28/2018       (4) Page       1       of       1      

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
2/7/2018 / /	Anderson, Pete 6101 NE 25th Ave Ocala, FL 34479	S	teacher	CH			\$1,800.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name PETE ANDERSON

(2) I.D. Number 404

(3) Cover Period 2/1/2018 through 2/28/2018

(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					
2/7/2018 //	Postcard Mania, 2145 Sunnydale Blvd Building 102 Clearwater, FL 33765	marketing and advertising	MO		\$1,800.00
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