

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marcia Andrews
 Name

(2) 2919 Fontana Lane
 Address (number and street)
Royal Palm Beach, FL 33411
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1291827]

Submitted on:
 2/3/2023 12:33:38 (eastern)

Check here if address has changed (3) ID Number: 731

(4) Check appropriate box(es):

Candidate Office Sought: School Board, Dist. 6

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 12 / 1 / 2021 To 12 / 31 / 2021 Report Type: M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 50 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 50 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 117 , 207 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 108 , 357 . 61

(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 Marcia Andrews (2) I.D. Number 731
 (3) Cover Period 12/1/2021 through 12/31/2021 (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
12/28/2021 / /	Konda, Prasad, MD PA 13005 Southern Blvd. Suite 145 Loxahatchee, FL 33470	I	physician	CH		Add	\$50.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marcia Andrews

(2) I.D. Number 731

(3) Cover Period 12/1/2021 through 12/31/2021

(4) Page 1 of 0

(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					
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