FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Anthony Salzano	OFFICE USE ONLY 74							
Name								
(2) PO Box 428, Port Richey, FL 34673-0428								
Address (number and street)								
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es):  X Candidate (office sought): County Court J	udge Group 7							
☐ Political Committee [	CHECK IF PC HAS DISBANDED							
☐ Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED							
☐ Party Executive Committee								
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT	IDENTIFIERS							
Cover Period: From	8/31/2006 / Report Type P3-06							
☐ Original     Amendment   ☐ Special Election	Report							
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT								
Cash & Checks \$	Monetary Expenditures \$ 0.07							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 0.07							
In-Kind \$								
	(8) Other Distributions \$0.00							
(0) TOTAL Monotory Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(9) TOTAL Monetary Contributions To Date	30-1 10-2 10-2 10-2 10-2 10-2 10-2 10-2 1							
23,870.85	\$23,870.85_							
(11) CERTIFICATION								
It is a first degree misdemeanor for any pers	on 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.  I certify that I have examined this report and it is true, correct, and complete.								
(Type name)	(Type name)							
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

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

(1) Name (2) I.D. Number							
	8/12/2006			/31/2006			
(3) Cover Perio	od / /	thro	ough	1 1	(4) Pag	<b>e</b> 1	of <sup>0</sup>
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(0)	(10)	X 11	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Antho	ony Salza	ino				 (2) I.D. Num	nber	-	74	av.
	8/12/2	006		8/31/20	006	* *				
(3) Cover Period		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
8/28/2006	Publix, 3100 Little Road Trinity, FL 34655	food	МО	Delete	\$97.30
1					
8/28/2006	Publix, 3100 Little Road Trinity, FL 34655	food	МО	Add	\$97.37
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DS-DE 14 (Rev.					