

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bill Anderson
 Name

(2) 2481 Surf Rd
 Address (number and street)

Crawfordville, FL 32327
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1071086]

Submitted on:
 8/5/2014 08:49:28 (eastern)

Check here if address has changed

(3) ID Number: 29

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4
- 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 7 / 26 / 2014 To 8 / 1 / 2014 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 25 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 25 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 13 , 550 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 7 , 042 . 98

(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 Bill Anderson (2) I.D. Number 29
 (3) Cover Period 7/26/2014 through 8/1/2014 (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bill Anderson

(2) I.D. Number 29

(3) Cover Period 7/26/2014 through 8/1/2014

(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					
7/30/2014 //	Graphic Edge, Inc., 2113 Croydon Dr. Tallahassee, FL 32303	design work	MO		\$25.00
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