

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) Cathleen "Cathy" Anderson
Name

(2) 850 Washington Street
Address (number and street)

Hollywood, FL 33019
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Hollywood Commissioner - District I

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 8-14-06 To 9-13-06 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ -0-

Loans \$ _____

Total Monetary \$ -0-

In-Kind \$ -0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ -0-

Transfers to Office Account \$ -0-

Total Monetary \$ -0-

(8) Other Distributions

\$ -0-

(9) TOTAL Monetary Contributions To Date

\$ -0-

(10) TOTAL Monetary Expenditures To Date

\$ -0-

(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.

Cathleen "CATHY" ANDERSON
(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Cathleen "Cathy" Anderson
Signature

I certify that I have examined this report and it is true, correct, and complete.

Cathleen "CATHY" Anderson
(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Cathleen "Cathy" Anderson
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Cathleen "Cathy" Anderson (2) I.D. Number _____

(3) Cover Period 9 / 14 / 06 through 9 / 30 / 06 (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
(6) Sequence Number							
/ /	None						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Cathleen K. Kelly Anderson (2) I.D. Number _____

(3) Cover Period 9/14/06 through 9/30/06 (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					
1/1	none				
1/1					
1/1					
1/1					
1/1					
1/1					