

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA HILL ANDERSON
Name

(2) 2334 FARRAGUT STREET
Address (number and street)

HOLLYWOOD, FL 33020
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: DISTRICT 2 CITY OF HOLLYWOOD
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 01 / 20 To 03 / 31 / 20 Report Type: 2020M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 100 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 17 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 17 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 10,699 . 10

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3,030 . 11

(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) LAURIE SCHECTER

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Laurie Schecter
Signature

(Type name) LINDA HILL ANDERSON

Candidate Chairperson (only for PC and PTY)

Linda Hill Anderson
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Hill Anderson (2) I.D. Number _____

(3) Cover Period 03 / 01 / 20 through 03 / 31 / 20 (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							
<u>03 / 03 / 20</u>	<u>Daniel Penn</u> <u>749 SW 3rd Street</u> <u>Dania Beach, FL</u> <u>33004</u>	<u>I</u>	<u>Retired</u>	<u>CAS</u>			<u>100⁰⁰</u>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Linda Hill Anderson

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 20 through 03 / 31 / 20

(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					
3 / 14 / 20 01	WIX.COM 1361 NW 94th Way Coral Springs, FL 33071	Monthly website charge	CAN		17 ⁰⁰
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