

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA HILL ANDERSON
 Name
 (2) 2334 Farragut St.
 Address (number and street)
Hollywood FL 33020
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Dist. 2 City of Hollywood Commissioner
- 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 9 / 1 / 19 To 9 / 30 / 19 Report Type: 2019 M9

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 130.00

Loans \$ _____

Total Monetary \$ _____ 130.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 21.30

Transfers to Office Account \$ _____ 21.30^{LS}

Total Monetary \$ _____ 21.30

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 5,574.10

(10) TOTAL Monetary Expenditures To Date

\$ _____ 2,097.89

(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

X Laurie Schecter
 Signature

(Type name) LINDA HILL ANDERSON

Candidate Chairperson (only for PC and PTY)

X Linda Hill Anderson
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINDA HILL ANDERSON (2) I.D. Number _____

(3) Cover Period 5, 1, 19 through 5, 31, 19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
9, 22, 19	Martinez Christopher		cert. nurse				
02	2243 Farragut St. Unit B Hwd FL 33020	I		CAS		DEL	100-
9, 22, 19	Christopher Martinez		cert. nurse				
03	2243 Farragut St. Unit B Hwd FL 33020	I	ASST.	CHE		ADD	100-
1 1							
1 1							
1 1							
1 1							
1 1							