

## 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 03/01/20 To 03/31/20 Report Type: 2020 M3

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 \$ \_\_\_\_\_, \_\_\_\_\_, ~~17.00~~

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 3 / 1 / 20 through 3 / 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		Type	Occupation	Type	Description	Amendment	Amount
3, 3, 20	Daniel Penn 749 SW 3rd St. Dania FL 33004	I	Retired	cash		DEL	\$100
1							
3, 3, 20	Daniel Penn 749 SW. 3rd St. Dania FL 33004	I		cash		ADD	\$50
2							
3, 3, 20	Lydia Penn 749 SW 3rd St. Dania FL 33004	I		cash		ADD	\$50
3							
1							
1							
1							
1							