CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Shelley Anderson	OFFICE USE ONLY					
(2) P.O. BOX 367803						
Address (number and street)						
Bonita Somnas FL 3413 City, State, Zip Code	SCO					
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
Candidate Office Sought: City Cour	ncel District 2					
☐ 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					
,						
	Identifiers					
Cover Period: From 9 / 1 / 20 To	_9_130 1 20 Report Type:					
☐ Original ☐ Amendment ☐ Spr	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,/, /2500	Monetary Expenditures \$, 451.57					
Loans \$,,	Transfers to					
	Office Account \$, ,					
Total Monetary \$,/, 125.00	TablManakan					
La Kard	Total Monetary \$, , 451 . 5.7					
In-Kind \$, ,	(8) Other Distributions					
406	\$ _ ,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, _2, 925.00	\$,/, <u></u> /, <u></u> 557 <u>39</u>					
(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) shelley Anderson (Type name) shelley Anderson						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Deputy Treasurer Candidate Chairperson (only for PC and PTY)					
x shelle , Anderson	x shellere Dude voon					
Signature Signature						
DS-DE 12 (Rev. 11//3) SEE REVERSE FOR INSTRUCTIONS						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	me shelley Anderson				2) I.D. Number				
(3) Cover Period 9 1 1 20 through 9 1 30 120 (4) Page for 1									
(5) Date	(7)	(8)	(9)	(10)	(11)	(12)			
(6)	Full Name (Last, Suffix, First, Middle)			, ,	()	(12)			
Sequence	Street Address &	Contributor	Contribution	Fe Live V					
Number	City, State, Zip Code	Type Occupation	Contribution Type	In-kind Description	Amendment	Amount			
9,	Amy Somoylenko Bentley Willege Naples FL	I Refired	Check	Description		Amount 25,00			
11/120	BENHEY Wllage		-,,			aC.00			
	Naples FL								
1	2 2 26		1						
	Michael Hill Colliers Res Naples FL	- R. i-							
912120	(-11:1 - De	I KHITED	COSA			100,00			
4	Washer To								
	Nagolo FL								
		1							
9, 19,10	John Nichols	I refined	WITE			1000.00			
112/120	8930 Boy Colony	4							
	Dr. V								
	Sohn Nichols. 830 Bay Colone, Dr. V Daples FL 34108								
	31108								
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (2) I.D. Number (2) I.D. Number								
	d 9 1 1 20 through 9		4) Page					
(5) Date (6) Sequence Number	(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)	(11) Amount			
9/11/20	Bonita Print Shop 282000/d us 41 Unit 206 Bonita Spas FL3413	k			410.03			
9/29/20	,, , , , , , , , , , , , , , , , , , ,	METAL posts	check		41.54			
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