

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(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

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner
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 12 / 01 / 19 To 12 / 31 / 19 Report Type: 2019M12

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 \$ _____ , _____ , 219 . 25

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

Total Monetary \$ _____ , _____ , 219 . 25

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 9 , 854 . 10

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 979 . 41

(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 12 / 01 / 19 through 12 / 31 / 19 (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
12 / 30 / 19 01	ERMA BELL 718 SW 4 th Ter Dania, FL 33004	I		CHECK			\$100 ⁰⁰
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Linda Hill Anderson

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 19 through 12 / 31 / 19

(4) Page 01 of 01

(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					
12/17/19 01	WIX. COM 1361 NW 94th way Coral Springs, FL 33071	Monthly website charge	CAN		17 ⁰⁰
12/23/19 02	Compdealings paio online	Campaign Merchandise	CAN		202 ²⁵
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