

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Anita Bradford
 Name _____
 (2) PO Box 390244
 Address (number and street) _____
 Deltona, FL 32739
 City, State, Zip Code _____

OFFICE USE ONLY

09-23-16 PM 1:14 RCVD *JK*

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Deltona City Commissioner 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

(5) Report Identifiers

Cover Period: From 09/03/2016 / ____ / ____ To 09/16/2016 / ____ / ____ Report Type: G2
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ \$ 0
 Loans \$ _____ , _____ , _____
 Total Monetary \$ _____ , _____ , _____ \$ 0
 In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ \$23.29
 Transfers to Office Account \$ _____ , _____ , _____
 Total Monetary \$ _____ , _____ , _____ \$23.29

(8) Other Distributions
 \$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , _____ \$3,577.54

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , _____ \$2150.92

(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:

Anita Bradford
 (Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
 X *Anita Bradford*
 Signature

Anita Bradford
 (Type name) _____
 Candidate Chairperson (only for PC and PTY)
 X *Anita Bradford*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Anita Bradford

(2) I.D. Number _____

(3) Cover Period 09 / 03 / 16 through 09 / 16 / 16

(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					
09 / 16 / 16	Sam's Club 1101 Rinehart Road Sanford FL 32771	Event Candy	Mon		\$23.29
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Anita Bradford (2) I.D. Number _____

(3) Cover Period 09/03/2016 / / through 09/16/2016 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							