

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

16-07-15 12:36 RCVD

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es): *as DELTONA*
 DALTON CITY COMMISSIONER DISTRICT 2

Candidate Office Sought: _____
 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 06/25/2016 / _____ / _____ To 07/08/2016 / _____ / _____ Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____

Loans \$ _____ , _____ , 1,000.00

Total Monetary \$ _____ , _____ , 1,000.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 441.17

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 441.17

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2,902.54

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 2,126.60

(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) Anita Bradford
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Anita Bradford
 Signature

(Type name) Anita Bradford
 Candidate Chairperson (only for PC and PTY)

X Anita Bradford
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ANITA BRADFORD (2) I.D. Number _____

(3) Cover Period 06/25/2016 / / through 07/08/2016 / / (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
07/02/2016 / / 1	ANITA BRADFORD	I	ADVISOR	CHECK	LOAN		\$1,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ANITA BRADFORD

(2) I.D. Number _____

(3) Cover Period 06 / 25 / 2016 through 07 / 08 / 2016

(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					
07 / 01 / 16	LOGOS PROMOTE 3804 N. JOHN YOUNG PARKWAY #4 ORLANDO FL 32804	MARKETING	MO		101.18
1					
07 / 06 / 16	DON JOHNSON 563 FAIRVIEW ROAD HARRIMAN TN 37748	MARKETING	MO		339.99
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					