

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy L. Schleicher
 Name
 (2) 1460 Baton Dr.
 Address (number and street)
Deltona, FL 32725
 City, State, Zip Code

OFFICE USE ONLY

16-09-08 13:33 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Deltona City Commission District 4
- 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 08 / 26 / 16 To 09 / 02 / 16 Report Type: G1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 125 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 125 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 810 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 068 . 75

(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) Nancy Schleicher

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

X Nancy Schleicher
 Signature

(Type name) Nancy L. Schleicher

Candidate Chairperson (only for PC and PTY)

X Nancy L. Schleicher
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nancy Schleicher (2) I.D. Number _____

(3) Cover Period 08 / 26 / 16 through 09 / 02 / 16 (4) Page 1 of 1

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy Schleicher

(2) I.D. Number _____

(3) Cover Period 08 / 26 / 16 through 09 / 02 / 16

(4) Page 1 of 1

(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) Amendment	(11) Amount
09 / 01 / 16 1	Bully Armor 689 Deltona Blvd. Deltona, FL 32725	Booth at Bully Armor celebration	Mon		125.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					