

## CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

*JK*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate    Office Sought: Deltona City Commissionn    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 10 / 01 / 16 To 10 / 07 / 16 Report Type: G4

Original     Amendment     Special Election Report

**(6) Contributions This Report**

Cash & Checks    \$ \_\_\_\_\_ , \_\_\_\_\_ , 500. 00

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 500. 00

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

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

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

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

**(8) Other Distributions**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 9 , 510 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 5 , 264 . 64

### (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 10 / 01 / 16 through 10 / 07 / 16 (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							
10 / 3 / 16 1	DeMarsh, Frank 2209 Oak Hill Dr DeLand, FL 32720	I	Business	CHE			250.00
10 / 3 / 16 2	DeMarsh, C.Clint PO Box 2076 DeLand, FL 32721	I	Business	CHE			250.00
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy Schleicher

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 16 through 10 / 07 / 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
/ /	N/A				
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