

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

Check here if address has changed

OFFICE USE ONLY

16-03-04 15:34 RCVD

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Deltona City Commission District 4

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 07 / 23 / 16 To 07 / 29 / 16 Report Type: P4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 50 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 060 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 873 . 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 07 / 23 / 16 through 07 / 29 / 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 | | Type | Occupation | Type | Description | | |
| 07 / 25 / 16 1 | Schleicher, Nancy 1460 Baton Dr. Deltona, FL 32725 | S | | INK | Hob Nob - <i>table, decorations & candy</i> | | 50.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy Schleicher

(2) I.D. Number _____

(3) Cover Period 07 / 23 / 16 through 07 / 29 / 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 |
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