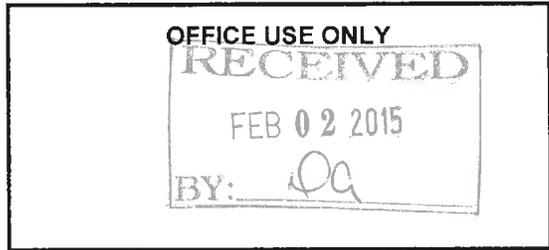


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SAVE OUR NEIGHBORHOOD, INC.
 Name
2121 COLLIER AVE
 Address (number and street)
LAKE WORTH, FL 33461
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

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 01/01/15 / _____ To 01/31/15 / _____ Report Type: M1

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ 0 , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ 61.25 , _____ , _____ . _____

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

Total Monetary \$ 61.25 , _____ , _____ . _____

(8) Other Distributions

\$ 0 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 5,789.18 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 5,455.70 , _____ , _____ . _____

(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) LYNN ANDERSON

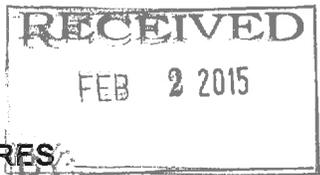
Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Lynn Anderson
 Signature

(Type name) KATHLEEN MCGIVERON

Candidate Chairperson (only for PC and PTY)

Kathleen McGiverson
 Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SAVE OUR NEIGHBORHOOD

(2) I.D. Number _____

(3) Cover Period 01/01/15 / _____ / _____ through 01/31/15 / _____ / _____

(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
01/09/15 /	Florida Dept. of State Division of Corporations PO Box 6198 Tallahassee, FL 32314	Annual Report	MON		\$61.25
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