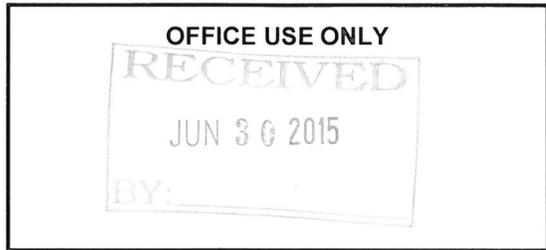


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SAVE OUR NEIGHBORHOOD, INC
 Name
 (2) 2121 COLLIER AVE
 Address (number and street)
KLAKE WORTH, FL 33461
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input type="checkbox"/> Candidate Office Sought: _____
<input checked="" type="checkbox"/> Political Committee (PC)
<input type="checkbox"/> Electioneering Communications Org. (ECO)
<input type="checkbox"/> Party Executive Committee (PTY)
<input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | <input type="checkbox"/> Check here if PC or ECO has disbanded
<input type="checkbox"/> Check here if PTY has disbanded
<input type="checkbox"/> Check here if no other IE or EC reports will be filed |
|--|--|

(5) Report Identifiers

Cover Period: From 06/01/15 / _____ To 06/30/15 / _____ Report Type: M6

- Original
 Amendment
 Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ 170 , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 5959.18 _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 5445.70 _____ , _____ . _____

(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

X 
 Signature

(Type name) KATHLEEN MCGIVERON
 Candidate
 Chairperson (only for PC and PTY)

X 
 Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SAVE OUR NEIGHBORHOOD, INC.

(2) I.D. Number _____

(3) Cover Period 06/01/15 / _____ / _____ through 06/30/15 / _____ / _____

(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
06/30/15 / /	MCGIVERON, KATHLEEN 2121 COLLIER AVENUE LAKE WORTH, FL 33461	I	Ultra-Sound	LOA	min accn bal		34.00
06/30/15 / /	ANDERSON, LYNN 2204 LAKE OSBORNE DR #21 LAKE WORTH, FL 33461	I	Retired	LOA	min accn bal		34.00
06/30/15 / /	MARCHAL-CIOCI, JENNIFER 2217 COLLIER AVENUE LAKE WORTH, FL 33461	I	CPA	LOA	min accn bal		34.00
06/30/15 / /	LABRECQUE, MARY BETH 513 SOUTH L STREET LAKE WORTH, FL 33460	I	teacher	LOA	min accn bal		34.00
06/30/15 / /	Rojas, Ricardo 826 Snowden Dr LAKE WORTH, FL 33461	I	manager	LOA	mon accn bal		34.00
/ /							
/ /							