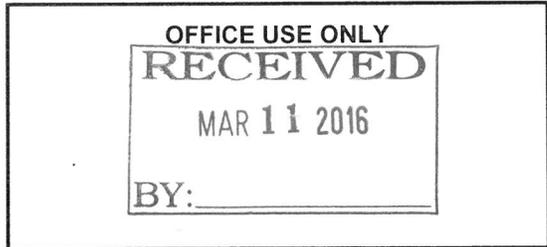


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SAVE OUR NEIGHBORHOOD, INC
 Name
 (2) 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) 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 02/27/16 / _____ To 03/10-16 / _____ Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,685.00 , _____ . _____
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ 1,685.00 , _____ . _____
 In-Kind \$ 65.00 , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 189.00 , _____ . _____
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ 189.00 , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 7,733.68 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 5,705.95 , _____ . _____

(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

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

Lynn Anderson
 X _____
 Signature

Kathleen McGiveron
 X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED
MAR 11 2016
BY: _____

(1) Name SAVE OUR NEIGHBORHOOD, INC.

(2) I.D. Number _____

(3) Cover Period 02/27/16 / ____ / ____ through 03/10/16 / ____ / ____ **(4) Page** 1 of 2

(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				
02/29/16 / / 1	LAUREL DECKER 519 N D ST LAKE WORTH, FL. 33460	I	CPA	CHE			100.00
02/29/16 / / 2	DAVID SIMMS 715 N L ST #5 LAKE WORTH, FL. 33460	1	MATH LEARNIN	CHE			200.00
03/01/16 / / 3	LAUREL DECKER 519 N D ST LAKE WORTH, FL. 33460	I	CPA	INK	copy paper		65.00
03/04/16 / / 4	STEVEN ELLMAN 1623 S. PALMWAY LAKE WORTH, FL. 33460	I	WRITER	CHE			200.00
03/04/16 / / 5	VICTORIA PEARSON 808 S. PALMWAY LAKE WORTH, FL. 33460	I		CHE			50.00
03/04/16 / / 6	PREPMASTERS, INC. PO BOX 7091 W.P.B., FL. 33405	B	EDUCATION	CHE			360.00
03/04/16 / / 7	M.K. NUNGESSOR 419 N. J ST LAKE WORTH, FL. 33460	1		CHE			75.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED
 MAR 11 2016
 BY: _____

(1) Name SAVE OUR NEIGHBORHOOD, INC.

(2) I.D. Number _____

(3) Cover Period 02/27/16 / ____ / ____ through 03/10/16 / ____ / ____

(4) Page 2 of 2

(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							
03/04/16 / / 8	DEON COLLINS 2038 DISCOVERY CIR DEERFIELD BCH, FL. 33442	I	INS SERVICES	CHE			100.00
03/04/16 / / 9	SHAUNA COOLICAN 1629 S. LAKESIDE DR LAKE WORTH, FL. 33460	I	RETIRED	CHE			200.00
03/04/16 / / 10	ALICE MCCALL 755 GRAND BLVDE MIRAMAR BCH, FL. 32550	1	HYPNOTHERAPI	CHE			100.00
03/04/16 / / 11	JOAN FARRELL 231 S. PALMWAY #8 LAKE WORTH, FL. 33460	1	RETIRED	CHE			100.00
03/04/16 / / 12	KELLEY HOUSTON 1800 JACKSON AVE E OXFORD, MS. 38655-4120	1	HOMEMAKER	CHE			200.00
/ /							
/ /							

RECEIVED
 MAR 11 2016
 BY: _____

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SAVE OUR NEIGHBORHOOD, INC

(2) I.D. Number _____

(3) Cover Period 02/16/16 / _____ / _____ through 03/10/16 / _____ / _____

(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
(6) Sequence Number					
03/01/16 / 1	UNITED STATES POSTMASTER 3200 SUMMIT BLVD WEST PALM BEACH, FL	MAILING	MON		189.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
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/ /					