

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

(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)

(3) ID Number: _____



(5) Report Identifiers

Cover Period: From 01/01/16 / ____ To 01/31/16 / ____ Report Type: M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ ____ , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 61.25 ____ , ____ . ____

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

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 6048.68 ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 5516.95 ____ , ____ . ____

(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

Lynn Anderson
Signature

(Type name) KATHLEEN MCGIVERON

Candidate Chairperson (only for PC and PTY)

Kathleen McGiveron
Signature

VED

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SAVE OUR NEIGHBORHOOD, INC.

(2) I.D. Number FEB 1 2016

(3) Cover Period 01/01/16 / / through 01/31/16 / /

(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					
01/19/16 / 1	Florida Dept. of State Division of Corporations PO Box 6198 Tallahassee, FL 32314	Annual report	MON		\$61.25
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					