

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DR. JAMES H. ANDERSON  
 Name

(2) 660 Coronado Drive  
 Address (number and street)

Punta Gorda, FL 33950  
 City, State, Zip Code

**OFFICE USE ONLY**

08-05-21 14:33 IN

(8-05-21 14:33 IN

City of Punta Gorda

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Councilman City of Punta Gorda
- 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 5 / 28 / 21 To 6 / 10 / 21 Report Type: TR

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures      \$ \_\_\_\_\_ , 2,000 . 00

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (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) Barbara A. Anderson

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

X Barbara A. Anderson  
 Signature

(Type name) Dr. James H. Anderson

Candidate     Chairperson (only for PC and PTY)

X Dr. James H. Anderson  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DR JAMES H. ANDERSON (2) I.D. Number \_\_\_\_\_

(3) Cover Period 6/1/21 through 6/10/21 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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 / 1 / 21	DR JAMES H. ANDERSON	S	RETIRED	LOAN			2000.00
CK # 195	BARBARA ANDERSON						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name DR JAMES H ANDERSON

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 5, 28, 21 through 6, 10, 21

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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					
6/10/21	James H. Anderson	Payback loan			\$ 1976.30
6/1/21	Synovus Bank	checks			\$ 23.70
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.