

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy Schleicher
 Name
 (2) 1460 Baton Dr.
 Address (number and street)
Deltona, FL. 32725
 City, State, Zip Code

OFFICE USE ONLY

16-09-21 15:06 RCVD

[Signature]

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Deltona City Commission District 4

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 09 / 03 / 16 To 09 / 16 / 16 Report Type: G2

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 253 . 00

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

Total Monetary \$ _____ , _____ , 253 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 810 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 321 . 75

(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) Nancy Schleicher

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

X Nancy Schleicher
 Signature

(Type name) Nancy L. Schleicher

Candidate Chairperson (only for PC and PTY)

X Nancy L. Schleicher
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nancy Schleicher (2) I.D. Number _____

(3) Cover Period 09 / 03 / 16 through 09 / 16 / 16 (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
/ /	N/A						
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Nancy Schleicher (2) I.D. Number _____

(3) Cover Period 09 / 03 / 16 through 09 / 16 / 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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
09 16 16 / / 1	Action Printers 41 S. US Hwy 17-92 DeBary, FL. 32713	campaign materials			\$228.00	MON
09 16 16 / / 2	City of Deltona 2345 Providence Blvd. Deltona, FL.32725	Festival of Nations booth			\$25.00	MON
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