

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROLYN A. COOPER
Name

(2) 1047 MCKEAN CIRCLE
Address (number and street)

WINTER PARK FL 32789
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

01-12-16A11:29 RCVD

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 12 / 01 / 15 To 12 / 04 / 15 Report Type: PI

Original Amendment ADD DETAIL Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 2,050. 00

Loans \$ _____, _____, _____

Total Monetary \$ _____, 2,050. 00

In-Kind \$ _____, _____, 682. 94

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 325. -

Transfers to Office Account \$ _____, _____, 0. _____

Total Monetary \$ _____, _____, 325. -

(8) Other Distributions

\$ _____, _____, 0. _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 37,723. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 698. 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) DIANE M KLONRICH

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

X Diane M Klomrich
Signature

(Type name) CAROLYN A. COOPER

Candidate Chairperson (only for PC and PTY)

X Carol A Cooper
Signature

