

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CAROLYN A. COOPER
 Name
 (2) 1047 MCKEAN CIRCLE
 Address (number and street)
WINTER PARK FL 32189
 City, State, Zip Code

OFFICE USE ONLY

12-21-15P12:50 RCVD

Check here if address has changed

(3) ID Number: _____

(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)

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 12 / 05 / 15 To 12 / 18 / 15 Report Type: A2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 2,700.00

Loans \$ _____

Total Monetary \$ 2,700.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 3.20

Transfers to Office Account \$ _____

Total Monetary \$ 3.20

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 40,423.00

(10) TOTAL Monetary Expenditures To Date

\$ 701.90

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (s. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) DIANE M MORRICH

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

X Diane Morrigh
 Signature

(Type name) Carolyn Cooper

Candidate Chairperson (only for PC and PTY)

X Carolyn Cooper
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Candidate:	Carolyn A. Cooper		(2) Report Type:	P2							
	<small>Type candidate's full name or name of the political committee (PC), committee of continuous existence (CCE) or party executive committee (PE).</small>		<small>Report Types are listed on the Financial Report Due Dates list provided by the City Clerk.</small>								
(3) Reporting Period	(4) 12/5/2015	(5) through	(6) 12/18/2015	(7) Page:	(8) 1	(9) of	(10) 2	(11) Amount			
S #	Date	Name	Address	City	State	Zip	Contributor Type	Contributor Occupation	Contribution Type	In-kind Description	Amount
29											
30											
31											
32											
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40											
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45											
46											
47											
48											
49											
Total											\$2,700.00

