CAMPAIGN TREASURER'S REPORT SUMMARY

(1) YES FOR WINTER PARK LIBRARY - PARKING - EVENTS CENTER
Name: P.O. Box 638
Address (number and street): WINTER PARK FL 32790
City, State, Zip Code
☐ Check here if address has changed

(2) □ 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

(3) ID Number: __________________________

(5) Report Identifiers
Cover Period: From 01/23/16 To 02/04/16 Report Type: R
☐ Original □ Amendment □ Special Election Report

(6) Contributions This Report
Cash & Checks $ 870.00
Loans $ ____, ____, ____
Total Monetary $ ____, ____, ____
In-Kind $ ____, ____, ____

(7) Expenditures This Report
Monetary Expenditures $ 1,300.00
Transfers to Office Account $ ____, ____, ____
Total Monetary $ ____, ____, ____

(8) Other Distributions
$ ____, ____, ____

(9) TOTAL Monetary Contributions To Date
$ 2,195.00

(10) TOTAL Monetary Expenditures To Date
$ 1,300.00

(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:

□ Candidate □ Chairperson (only for PC and PTY)
☐ Individual (only for IE or electioneering comm.)
☐ Treasurer □ Deputy Treasurer

(Type name) MARTIN PRAGUE (Type name) JEFFREY JONES
Signature: __________________ Signature: __________________

DS-DE 12 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS
<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Full Name</th>
<th>Contributor Type</th>
<th>Occupation</th>
<th>Contribution Type</th>
<th>In-kind Description</th>
<th>Amendment</th>
<th>Amount</th>
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<td>Building Management</td>
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<td>Sharyn Joffe 1138 Park North Place, W.P.</td>
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<td>Margaret Sanders 648 Williams Drive, W.P.</td>
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<td>Ella Swanson 12740 Lafayette Ave, W.P.</td>
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DS-DE 13 (Rev. 11/13)  SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES
<table>
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<tr>
<th>(5) Date</th>
<th>(7) Full Name (Last, Suffix, First, Middle) Street Address &amp; City, State, Zip Code</th>
<th>(8) Purpose (add office sought if contribution to a candidate)</th>
<th>(9) Expenditure Type</th>
<th>(10) Amendment</th>
<th>(11) Amount</th>
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<td>Millenium Consultants P.O. Box 568926 Orlando Fl 32856</td>
<td>Signs</td>
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DS-DE 14 (Rev. 11/13)  SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES