CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Citizens for Managed Growth	OFFICE USE ONLY						
(0)	Name							
(2)	292 Sylvan Blvd. Address (number and street)	08-08-16P03:07 RCVD						
	Winter Park, FL 32789							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	Candidate Office Sought:							
>	 ✓ 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								
		08 / 10 / 2016 Report Type: PC						
√ 0ı	riginal Amendment Sp	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cook	& Checks \$, , .	Monetary Expenditures \$, , &						
Casn	1 & Checks \$,,	Expenditures \$, , 8 oo_						
Loan	s \$,,	Transfers to						
		Office Account \$, ,						
Total	Monetary \$, ,	Total Monetary \$. 8 00						
In-Kir	nd \$	Total Monetary \$, , , 8 0 0						
111 130	,,	(8) Other Distributions						
		\$,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>3</u> , <u>412</u> .00	\$, _2_, 983. 35						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
certify that I have examined this report and it is true, correct, and complete:								
(Type name) Jacquelyn D. Sward (Type name) Roderic D. Sward								
	ndividual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X	Jacquelyn D. Sward	X Bodera D Dward Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number				
(3) Cover Period <u>07</u> / <u>//</u> / <u>2016</u> through _				8 10 2016 (4) Page/ of _/_				
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date (6)	Full Name (Last, Suffix, First, Middle)				22 000000 80			
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Citizens for Managed Growth (2) I.D. Number								
	od <u>07 // 20/6</u> through <u>08</u>	,	0 TA		/			
(5) Date (6) Sequence Number	(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)	(11)			
07/31/16	TO BANK 1560 N. ORANGE RVE WINTER PARK, FLORIDA 32789	MAINTENANCE FEE FOR CHECKINE ACCOUNT	MON		\$8,00			
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DS-DE 14 (Rev. 08/03)