

AMENDS MS RPT
FROM 6-13-16

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) VOTE YES FOR WINTER PARK LIBRARY

Name PARKING - EVENTS CENTER

(2) P.O. BOX 638

Address (number and street)

WINTER PARK, FL 32790

City, State, Zip Code

OFFICE USE ONLY

08-16-16P01:47 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 6 / 1 / 16 To 6 / 30 / 16 Report Type: MB

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, _____, _____

Loans \$ 0, _____, _____

Total Monetary \$ 0, _____, _____

In-Kind \$ 0, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ 0, _____, _____

Transfers to Office Account \$ 0, _____, _____

Total Monetary \$ 0, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ 24195.00

(10) TOTAL Monetary Expenditures To Date

\$ 22835.28

(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) MARTIN M. PRAGUE

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

X by Martin M. Prague
Signature

(Type name) JEFFRY R. JONTZ

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name YES FOR WINTER PAPER LIBRARY, ETAL (2) I.D. Number _____
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____

(4) Page _____ of _____

(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) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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