

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) <u>Bonnie Jackson</u> Name (2) <u>2180 Park Avenue N, Suite 318</u> Address (number and street) <u>Winter Park, FL 32789</u> City, State, Zip Code <input type="checkbox"/> CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY 06-06-11P01:56 RCVD
--	--

(3) ID Number: _____

(4) Check appropriate box(es):

<input checked="" type="checkbox"/> Candidate (office sought): <u>Winter Park City Commission</u>	<input type="checkbox"/> CHECK IF PC HAS DISBANDED
<input type="checkbox"/> Political Committee	<input type="checkbox"/> CHECK IF CCE HAS DISBANDED
<input type="checkbox"/> Committee of Continuous Existence	<input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
<input type="checkbox"/> Party Executive Committee	
<input type="checkbox"/> Electioneering Communication	

(5) REPORT IDENTIFIERS

Cover Period: From 12 / 27 / 2010 To 01 / 09 / 2011 Report Type Q4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$ <u>3,100.00</u>
Loans	\$ <u>500.00</u>
Total Monetary	\$ <u>3,600.00</u>
In-Kind	\$ <u>0</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$ <u>740.47</u>
Transfers to Office Account	\$ <u>0</u>
Total Monetary	\$ <u>740.47</u>

(8) Other Distributions
\$ 0

(9) TOTAL Monetary Contributions To Date
\$ 3,600.00

(10) TOTAL Monetary Expenditures To Date
\$ 740.47

(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) Joanne Grass

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Joanne Grass
Signature

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

(Type name) Bonnie Jackson

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Bonnie Jackson
Signature