CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Dean Paterakis	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1904 Glen Meadows Cir	Submitted on:						
	Address (number and street) Melbourne, FL 32935	11/28/2016 16:59:21 (eastern)						
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 580						
(4)	Check appropriate box(es):	(4)						
	(5) Report	Identifiers						
	er Period: From <u>8</u> / <u>26</u> / <u>2016</u> To	11 / 28 / 2016 Report Type: TRP						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Monetary Expenditures \$,1 , 628 . 90						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota	I Monetary \$,, <u>100</u> . <u>00</u>	Total Monetary \$,1 , <u>628</u> . <u>90</u>						
In-Ki	ind \$,, <u>0</u> . <u>00</u>							
		(8) Other Distributions \$, , 000_						
(9) TOTAL Monetary Contributions To Date \$\(\) \(\)								
(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) Individual (only for IE								
X	gnature	X Signature						
201	unature	i olunature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Dean Paterakis	(2) I.D. Number						
	8/26/2016		11/28/2016		1	1		
(3) Cover Peri	od//	through		(4) Pag	ge <u> </u>	of		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		In-kind	Annadarak	•		
Number	City, State, Zip Code City of Rockledge,	Type Occupa		Description	Amendment	Amount \$100.0		
9/15/2016 / /	1600 Huntington Ln Rockledge, FL 32955	bond refund				\$100.0		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dean	Pateraki	s				(2) I.D. Nun	nber	Į.	580	
	8/26/2	016		11/28/2	2016		-			
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/25/2016	Paterakis, Dean 1904 Glen Meadows Circle Melbourne, FL 32935	refund to candidate	RE		\$1,500.00
11/25/2016	St. Katherine Orthodox Church, 5965 N. Wickham Rd Melbourne, FL 32940	donation to charitable organization	МО		\$128.90
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