	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	H. Alexander Duncan	OFFICE USE ONLY			
` '	Name	ONLINE SUBMISSION			
(2)	P.O. Box 620092	Submitted on:			
	Address (number and street)	11/4/2016 09:01:18 (eastern)			
	Oviedo, FL 32762				
	City, State, Zip Code				
	Check here if address has changed	(3) ID Number:307			
(4)	Check appropriate box(es):				
	☐ Candidate Office Sought: County Commis	sioner, District 5			
	☐ 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	☐ Check here if no other IE or EC reports will be filed			
	individual making electioneering communications)				
	(5) Report	Identifiers			
Cove	er Period: From 9 / 17 / 2016 To	9 / 30 / 2016 Report Type: G3			
		ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
(0)	Contributions This Report				
Cool	h & Checks \$, , 0 . 00	Monetary Expenditures \$, , 0 . 00			
Casi	11 & Checks				
Loar	ns \$, , 0.00	Transfers to			
		Office Account \$, , 0 . 00			
Tota	Il Monetary \$, , 0 . 00				
		Total Monetary \$, , 0 . 00			
In-Ki	ind \$,, <u>307</u> . <u>83</u>				
		(8) Other Distributions			
		\$,, <u>0</u> . <u>00</u>			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$, 10 , 186 . 36	\$, <u>7</u> , 659. 93			
		tification on to falsify a public record (ss. 839.13, F.S.)			
	•	• • • • • • • •			
l c	certify that I have examined this report and it is true, corr	rect, and complete:			
_(T	ype name)	(Type name)			
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)			
Х		×			
	gnature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	H. Alexander Duncan				2) I.D. Numbe	r3	0.7
	9/17/2016			9/30/2016			
(3) Cover Perio	od///	thro			(4) Page	a 1	of
1000. 98			1900	·			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	1. Notice and the Not	•
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
9/30/2016	Haynes , Hillard PO Box 471479	I	retired	IK	yard signs	Add	\$307.8
J I	Lake Monroe , FL 32747						
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Date Full Name Purpose (add office sought if contribution to a Expenditure	307		2) I.D. Number	(2	AMPAIGN TREASURER'S F xander Duncan	1) Name H. Ale
Date Full Name (6) Sequence Number City, State, Zip Code Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code City, State, Zip Code Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Candidate) Expenditure Type Amenda Amenda	f0	of_	l) Page <u>1</u>	//(4	//through) Cover Period _
	28 29	(10) Amendment	Expenditure	Purpose (add office sought if contribution to a	Full Name (Last, Suffix, First, Middle) Street Address &	(6) Sequence
						//
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