	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)	7/6/2016 15:31:59 (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 6 / 1 / 2016 To	6 / 24 / 2016 Report Type: P1
		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
(-)	Communication Control	Monetary
Casl	h & Checks \$ , , 000	Expenditures \$ , , 0 . 00
		· - · - · - ·
Loar	ns \$,, <u>0</u> .00	Transfers to
		Office Account \$ , , , 0 . 00
Tota	l Monetary \$ , , , _0 . <u>00</u>	
		Total Monetary \$ , , 0 . 00
In-Ki	ind \$ , , <u>136</u> . <u>36</u>	
		(8) Other Distributions
		\$ , , <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>7</u> , <u>040</u> . <u>36</u>	\$ , <u>6</u> , <u>567</u> . <u>74</u>
		tification on to falsify a public record (ss. 839.13, F.S.)
1	•	, ,
10	certify that I have examined this report and it is true, corr	eci, and complete:
_(T	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		×
Si	gnature	Signature

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name H. Alexander Duncan					(2) I.D. Number						13
		6/1/2016			6/24/	2016					
(3) Cover Perio	h	1	1	through	1	7	(A) Page	1	of	1	

					T	1	7
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	L. M. L.	0 1 1 1	Des Literatus		
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution	In-kind Description	Amendment	Amount
Number	King , Veronica	Type I	Occupation	Type IK	supplies	Add	\$12.83
6/3/2016	2823 W. Amelia St. Orlando, Fl 32805	_			Бирріїсь	Add	Ψ12.03
1							
6/3/2016	King , Billie Jean Individual PO Box 620092	I		IK	event food	Add	\$50.00
2	Oviedo, FL 32762						
6/3/2016	King, Veronica Individual 2832 W. Amelia St. Orlando, Fl 32805	I		IK	event food	Add	\$50.00
3	Ollando, Fl 32003						
6/10/2016 / /	King, Billie Jean Individual PO Box 620092 Oviedo, FL 32762	I		IK	drinks for event	Add	\$11.7
4							
6/15/2016 / /	King, Billie Jean Individual PO Box 620092 Oviedo, FL 32762	I		IK	supplies	Add	\$11.70
J I							
1 1							
1 1							
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Name H. Ale	6/1/2016 6, / / through	/24/2016	2) I.D. Number 1) Page1		0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amoun
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