CAMPAIGN TREASURER	'S REPORT SUMMARY
Too 112 10 1/ 000	OFFICE USE ONLY
(1) Joe Wynkoop	
Name (2) 17405 10th street	RECEIVED \
Address (number and street)	u ulio-as-sus
Montverde, PC 34756	
City, State, Zip Code	(3) ID Number: 2025 - 05
Check here if address has changed	(3) ID IVAIIMON
(4) Check appropriate box(es): Candidate Office Sought:	
Political Committee (PC)	The state of the s
☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded Check here if PTY has disbanded
☐ Party Executive Committee (PTY) ☐ 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
Cover Period: From 10 / 4 / 25 To	10 / 17 / 25 Report Type: 2025-MS
	cial Election Report
(6) Contributions This Report	(7) Expenditures This Report
. 6	Monetary Expenditures \$,Ø
Cash & Checks \$,,	
Loans \$,,	Transfers to Office Account \$, ,
Total Monetary \$,,	
Total Worlday	Total Monetary \$,,
In-Kind \$,,	
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$,,500.00	\$, <u>123</u> . <u>00</u>
(11) Cer	tification on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	(Type name) TOCULINKOO)
(Type name) Laudia Stefania Wyn Coop	(Type name) / Chairperson (only for PC and PTY)
☐ Individual (only for IE XI Treasurer ☐ Deputy Treasurer or electioneering comm.)	The Committee of the Co
1 × Alik	x (M)
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

(1) Haine (2) (2) (3)). Number	2025	:-05
CAMPAIGN TREASURER'S REPORT - ITEMIZED EX (1) Name Joe wynkoop (2) I.D (3) Cover Period 10 / 4 / 25 through 10 / 17 / 25 (4) Pa		of _	
Common Officer Addition of the Common of the	(9) penditure Type	(10)	(11)
Number City, State, Zip Code candidate)	туре	Amendment	Amount

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	1) Name <u>Joe Wynkoop</u> (2) I.D. Number <u>2025-05</u>							
(3) Cover Period 10 / 4 / 25 through 10 / 17 / 25 (4) Page 1 of 1								
(5)	(7)	(8)	(9)	(10)	(11)	(12)		
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount		
1 1	·							
1 1								
1 1								
1 1								
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