

**Council**

Bob Margolis, Mayor  
John Greene, Vice Mayor  
Matt Willhite, Councilman  
Anne Gerwig, Councilwoman  
John T. McGovern, Councilman

**Manager**  
Paul Schofield

January 27, 2016

Dear Candidate/Campaign Treasurer:

This office is in receipt of your Campaign Treasurer's Report for the period covering 12/01/15 - 12/31/15. In accordance with Section 106.07(2) (b), Florida Statutes, you are hereby notified that the report dated 1/11/16 is incomplete. The report was accepted on a conditional basis.

The report is incomplete for the following reasons:

Campaign Treasurer's Report Summary

The numbers listed correspond to the numbered sections on the report and only sections with incomplete information are listed:

(6) Total Monetary Contributions was not entered.

The numbers listed correspond to the numbered sections on the report and only sections with incomplete information are listed:

You have 7 days from receipt of this notice to file an addendum to the report providing all information necessary to complete the report. The campaign treasurer is responsible for the accuracy and completeness of all financial reports. You may refer to your Candidate and Campaign Treasurer Handbook for instructions on filing amendments, disposal of surplus funds, filing your termination report and other frequently asked questions. **FAILURE TO FILE A COMPLETE REPORT AFTER THIS NOTICE CONSTITUTES A VIOLATION OF CHAPTER 106, FLORIDA STATUTES.**

Respectfully submitted,



Rachel Callovi  
Interim Clerk

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

*Tamika R.*

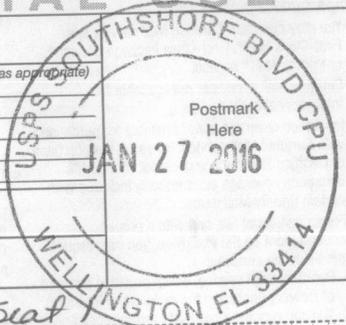
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**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$



Postage

Total Postage and Fees

Sent To

*John Greene Sr*  
Street and Apt. No., or PO Box No.  
*3454 Florence Street*  
City, State, ZIP+4®  
*Wellington FL 33414*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1520 0003 5044 4629

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Seat 1*  
*John Greene*  
*3454 Florence Street*  
*Wellington R 33414*



9590 9401 0089 5168 8514 22

2. Article Number (Transfer from service label)

7015 1520 0003 5044 4629

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* *7/29/14*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |