

Political Organization Report of Contributions and Expenditures

▶ See separate instructions.

A For the period beginning 03/21/2013 **and ending** 06/30/2013

B Check applicable box: Initial report Change of address Amended report Final report

1 Name of organization Wake Up Florida **Employer identification number** 46 - 2339472

2 Mailing address (P.O. box or number, street, and room or suite number)
610 S. Boulevard

City or town, state, and ZIP code
Tampa, FL 33606

3 E-mail address of organization: no@email **4 Date organization was formed:** 03/21/2013

5a Name of custodian of records Nancy H. Watkins **5b Custodian's address** 610 S. Boulevard
Tampa, FL 33606

6a Name of contact person Margi Henschien **6b Contact person's address** 610 S. Boulevard
Tampa, FL 33606

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
610 S. Boulevard

City or town, state, and ZIP code
Tampa, FL 33606

8 Type of report (check only one box)

- First quarterly report (due by April 15)
- Second quarterly report (due by July 15)
- Third quarterly report (due by October 15)
- Year-end report (due by January 31)
- Mid-year report (Non-election year only-due by July 31)
- Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election:
 - (2) Date of election:
 - (3) For the state of:
- Post-general election report (due by the 30th day after general election)
 - (1) Date of election:
 - (2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A)..... 9. \$ 2500

10 Total amount of reported expenditures (total from all attached Schedules B)..... 10. \$ 0

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Nancy H. Watkins

07/30/2013

Sign Here



Signature of authorized official



Date

Schedule A **Itemized Contributions**

Schedule A

Contributor's name, mailing address and ZIP code
E. Llywd Ecclestone
P. O. Box 3267
West Palm Beach, FL 33402 -

Name of contributor's employer
self-employed
Contributor's occupation
developer
Aggregate contributions year-to-date
\$ 2500

Amount of contribution
\$ 2500
Date of contribution
06/28/2013

Schedule B Itemized Expenditures