

ASPA Chapter Information Form

Submission of reporting forms is the responsibility of the current administration. This form is due within sixty (60) days after the close of ASPA Nationals fiscal year on Dec. 31. Note: All fields are required

January 01, 2016
59-1903171

December 31, 2016

Suncoast Chapter
David Hamilton

July 3, 2017

President

edgecounties@gmail.com

Don Menzel
Sharon Gordon

July 5, 2017
July 5, 2017

**This report must be approved by the Chapter leadership and distributed to the Chapter membership.*

Membership Distribution Date: 07/ 06/2017

FINANCIAL INFORMATION

Please indicate the accounting method used: X_____Cash _____Accrual

**Please skip this section if you are enrolled in EFT or do not wish to participate at this time.*

Financial Institution: Sun Trust Bank **Branch:**

203 E Tarpon Ave., Tarpon Springs, FL 34689 City: Tarpon Spings State: Florida

Account Number: 1000057534637 Routing Number: 063102152

Enroll in Electronic Fund Transfer Service for member rebates? X_ Yes _____ No

Notice of Understanding for Electronic Transfer Service

As a duly authorized signer of the financial institution account identified below, I authorize the American Society for Public Administration (ASPA) to perform scheduled or periodic electronic funds transfer credits to my account identified below for Chapter member rebates.

For accounting purposes, all electronic credits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below. In addition, I understand that:

- * my Chapter must maintain the account listed below.
- * I am responsible for contacting my financial institution and ASPA if any financial information changes, including the authorized signer.
- * I must provide ASPA notice in writing of termination or updates of electronic fund transfer service.

Signature: _____ Date: 07/05 / 2017

Assets

Item	Actuals	Notes/Comments
Cash	3,130.26	As of July 31, 2016
Investments		
Accounts Receivable		
Prepaid Expenses		

<p>Total Assets</p>	<p>3,130.26</p>	<p>Bank access resumed July31</p>
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Revenue			
Item	Proposed Revenue	Actuals	Notes/Comments
Rebates			

Meetings			182.00	Lunches (December 1)
Workshops				
Interest				
Grants				
Fundraising				
Total Revenue	\$	-	\$	182.00000 0

Expenses

Item	Proposed Expenses	Actuals	Notes/Comments
Printing		16.95	New Checks
Petty Cash		20.00	Float for change at mtg. (redeposited Jan.20,2017)
Supplies		5.67	Receipt book
Chapter Meetings		145.66	Lunches (December 1)
National Conference or Regional Meetings			
Awards			
Speakers			
Scholarships			
Web maintenance			
New logo design			
Misc.		51.99	Clover swipe debit
Total Expenses	\$		240.27 240.27

Fund Balance **3,071.99**

Notice of Understanding

By Submitting this form we, the Chapter officers, certify and understand:

- * any and all real or anticipated liabilities incurred by the Chapter are the sole responsibility of the Chapter.
- * payment of membership dues will be withheld from the Chapter in the event of noncompliance with reporting requirements or nonacceptance of said reports by the Executive Director, non-member officers or membership programs in violation of ASPA's constitution or Council-adopted policy.
- * any amounts due to the national organization for a period exceeding ninety days will be deducted from the next regularly scheduled rebate of any Chapter with such outstanding debt.

We further certify that we will:

- * submit any contract in an amount exceeding \$5,000 to ASPA's Executive Director for review and approval.
- * not incur a liability or anticipate a liability in an amount exceeding \$5,000.

Signature: _____ Date: 07/05 / 2017

CHAPTER OFFICER INFO

Leaders are elected: ___ 1-year term 2-year term ___ Other (specify)

Elections are held: ___ Annually or Biannually

Leaders assume their position in what month/year: July 1, 2015

If the Chapter elects a Vice President, does the individual automatically ascend to Presidency upon completion of the current President's term of office?

Yes or ___ No

David Hamilton
904 Westwinds Blvd.
Tarpon Springs

edgecounties@gmail.com
Florida 34689

N/A

Steve Spina
5335 8th Street
Zephyrhills

November 22
sspina@ci.zephyrhills.fl.us

Florida 33542

N/A

Other:	Start Date: July 1, 1979	
Name: Don Menzel	Email: donmenzel@verizon.net	
Mailing Address: 3421 Reynolds Dr.,		
City: Tampa	State: Florida	Zip: 33618

Other:	Start Date: January 20, 2017	
Name: Sharon Gordon	Email: GordonS@hillsboroughcounty.org	
Mailing Address: 25 th Floor, 601 E. Kennedy Blvd.		
City: Tampa	State: FL	Zip: 33602

Notice of Understanding

All Chapter officers, as well as individuals with check-signing authority, must be current members of the American Society for Public Administration. By accepting his or her position as an ASPA Chapter officer, each person agrees:

* to maintain ASPA membership during the term of office.

* that noncompliance with reporting requirements will lead to the withholding of Chapter member rebates.

Signature: _____ Date: 07/05/17