| Park: Wakulla Springs State Park Da   | ate: February 13, 2016                |                |
|---|---------------------------------------|----------------|
| Concessionaire Name: Patrons of Wakulla   | Springs, Inc.                         |                |
| Period Covered: From January 1st to Ja  | anuary 31st, 2016                     |                |
| Point of Sale/Location of Cash Receipt  | (excluding base fee amount) Gross S   | Sales Subtotal |
| Lodge Room Revenue  |                                       | \$ 49,101.24   |
| Restaurant Revenue (excluded from com   | mission calculation until 12-20-2019) | 52,819.09      |
| Black Lagoon Parlor Revenue   |                                       | 9,775.47       |
| Events Revenue  |                                       | 5,284.31       |
| Subcontractor Gross Sales   |                                       | 0.00           |
| Total Revenue   |                                       | \$ 116,980.11  |
| Less Restaurant Revenue   |                                       | (52,819.09)    |
| = Gross Sales   |                                       | \$ 64,161.02   |
| please include the total for all subcontractor this form, or on an attached second sheet.  Compensation                                 |                                       |                |
| Gross Sales Subtotal (from above)   |                                       | \$ 64,161.02   |
| Monthly Commission: 6% % x Gross Sa   | ales Subtotal                         | 3,489.66       |
| Other Payments (identify) – NONE  |                                       | 0.00           |
| Total Payable   |                                       | \$ 3,489.66    |
| Capital Improvements Spending   |                                       |                |
| Monthly Spending  |                                       | \$ 1,166.15    |
| Total Spending, Year to Date (FISCAL YE   | EAR END 12-31-2016)                   | \$ 1,166.15    |
| CERTIFICATION: I certify that this monthly grogross receipts for the period covered and record pepartment.  Signature of Concessionaire |                                       |                |
| Signature of Accountant   | Date                                  |                |
| Karen Taylor, CPA   | Accountant Name                       |                |
| Return this form to the Park Manager.   |                                       |                |

| Park: Wakulla Springs State Park Dat   | e: <u>March 18<sup><u>h</u>, 2016</sup></u>  |  |
|--|--|--|
| Concessionaire Name: Patrons of Wakulla  | Springs, Inc.  | 3  |
| Period Covered: From February 1st to Fe  | ebruary 20 <sup>th</sup> , 2016  | ·  |
| Point of Sale/Location of Cash Receipt (e  | excluding base fee amount) Gross   | Sales Subtotal                           |
| Lodge Room Revenue   |  | \$ 65,784.41                             |
| Restaurant Revenue (excluded from commi  | ssion calculation until 12-20-2019)  | 71,157.33                                |
| Black Lagoon Parlor Revenue  |  | 15,342.26                                |
| Events Revenue   |  | 3,034.00                                 |
| Subcontractor Gross Sales  |  | 0.00                                     |
| Total Revenue  |  | \$ 155,318.00                            |
| Less Restaurant Revenue  |  | (71,157.33)                              |
| = Gross Sales  |  | \$ 84,160.67                             |
| Gross Sales Subtotal (from above)  | - 0  | \$ 84,160.67                             |
| Monthly Commission: 6% % x Gross Sale  | es Subtotal  | 5,049.64                                 |
| Other Payments (identify) – NONE   |  | 0.00                                     |
| Total Payable  |  | \$ 5,049.64                              |
| Capital Improvements Spending  |  |  |
| Monthly Spending   |  | \$ 1,409.02                              |
| Total Spending, Year to Date (FISCAL YEAR  | R END 12-31-2016)  | \$ 2,575.17                              |
| CERTIFICATION: I certify that this monthly gross gross receipts for the period covered and record Department.  Signature of Concessionaire | s sales statement is true and correct and it ed in the accounting records available for Date | is based upon actual review/audit by the |
| Signature of Accountant  | Date   |  |
| Karen Taylor, CPA  | Accountant Name  |  |
| Return this form to the Park Manager.  |  |  |

## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

Park: Wakulla Springs State Park Date: April 18<sup>th</sup>, 2016

Concessionaire Name: Patrons of Wakulla Springs, Inc.

From March 1st to March 31st, 2016

### Point of Sale/Location of Cash Receipt (excluding base fee amount) Gross Sales Subtotal

| Lodge Room Revenue   | \$ 89,568.90  |
|--|---------------|
| Restaurant Revenue (excluded from commission calculation until 12-20-2019) | 93,001.35     |
| Black Lagoon Parlor Revenue  | 23,804.73     |
| Events Revenue   | 10,034.44     |
| Subcontractor Gross Sales  | 0.00          |
| Total Revenue  | \$ 216,409.42 |
| Less Restaurant Revenue  | (93,001.35)   |
| = Gross Sales  | \$ 123,408.07 |

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

#### Compensation

Period Covered:

| Gross Sales Subtotal (from above)               | \$ 123,408.07 |
|---|---------------|
| Monthly Commission: 6% % x Gross Sales Subtotal | 7,404.48      |
| Other Payments (identify) – NONE                | 0.00          |
| Total Payable                                   | \$ 7,404.48   |

### Capital Improvements Spending

Return this form to the Park Manager.

| Monthly Spending  | \$ 13,208.99 |
|---|--------------|
| Total Spending, Year to Date (FISCAL YEAR END 12-31-2016) | \$ 15,784.16 |

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.

| Department.                 |                 |   |
|-----------------------------|-----------------|---|
| word                        | 4/19/16         |   |
| Signature of Concessionaire | Date            |   |
| Signature of Accountant     | Date            | * |
| Karen Taylor, CPA           | Accountant Name |   |
|                             |                 |   |

| Due  | by the 20" of each month)   |                                      |
|--|---|--------------------------------------|
| Park: Wakulla Springs State Park   | Date: <u>May 15<sup>th</sup>, 2016</u>  |                                      |
| Concessionaire Name: Patrons of Waku   | ılla Springs, Inc.  |                                      |
| Period Covered: From April 1st to Ap   | ril 30 <sup>th</sup> , 2016   |                                      |
| Point of Sale/Location of Cash Recei   | ot (excluding base fee amount) Gross S  | Sales Subtotal                       |
|  |   | aloo oubtotal                        |
| Lodge Room Revenue   | y   | \$ 78,157.28                         |
| Restaurant Revenue (excluded from cor  | nmission calculation until 12-20-2019)  | 76,209.46                            |
| Black Lagoon Parlor Revenue  |   | 20,041.30                            |
| Events Revenue   |   | 4,047.41                             |
| Subcontractor Gross Sales  |   | 0.00                                 |
| Total Revenue  |   | \$ 178,455.45                        |
| Less Restaurant Revenue  |   | (76,209.46)                          |
| = Gross Sales  | of this Agreement. If there are multiple su   | \$ 102 245 99                        |
| Compensation   |   |                                      |
| Gross Sales Subtotal (from above)  |   | \$ 102,245.99                        |
| Monthly Commission: 6% % x Gross S   | Sales Subtotal  | 6,134.76                             |
| Other Payments (identify) – NONE   |   | 0.00                                 |
| Total Payable  |   | \$ 6,134.76                          |
| Capital Improvements Spending  |   |                                      |
| Monthly Spending   |   | \$ 9,410.87                          |
| Total Spending, Year to Date (FISCAL Y   | EAR END 12-31-2016)   | \$ 25,195.03                         |
| CERTIFICATION: I certify that this monthly gross receipts for the period covered and reconstruction. | pross sales statement is true and correct and is corded in the accounting records available for respectively. | based upon actual eview/audit by the |
| Signature of Concessionaire  | Date  |                                      |
| Signature of Accountant  | Date  |                                      |
| Karen Taylor, CPA  | Accountant Name   |                                      |
| Return this form to the Park Manager.  |   |                                      |

| Park: <u>Wakulla Springs State Park</u> Date:  |   |
|--|---|
| Concessionaire Name: Patrons of Wakulla Springs, Inc.  |   |
| Period Covered: From 01 May 2016 to 31 May 2016  |   |
| Point of Sale/Location of Cash Receipt (excluding base fee amount) Gross Sales   | <u>Subtotal</u>   |
| , , , , , , , , , , , , , , , , , , ,  | 50007.44  |
| Lodge Room Revenue   | 53397.14  |
| Restaurant Revenue (excluded from commission calculation until 12-20-2019)   | 99230.58  |
| Black Lagoon Parlor Revenue  | 10345.54  |
| Events Revenue   | 15660.48  |
| Subcontractor Gross Sales  |   |
| Total Revenue  |   |
| Less Restaurant Revenue  | 99230.58  |
| = Gross Sales  | 79403.16  |
| this form, or on an attached second sheet. If additional space is required, attach second  Compensation  |   |
| Gross Sales Subtotal (from above)  | 79403.16  |
| Monthly Commission: _6%_ % x Gross Sales Subtotal  | 4764.19   |
| Other Payments (identify) – 1% late fee  | 47.64   |
| Total Payable  | 4811.83   |
| Capital Improvements Spending  |   |
| Monthly Spending   | Charles and the second of the |
| Total Spending, Year to Date   |   |
| CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based gross receipts for the period covered and recorded in the accounting records available for review. Department. | d upon actual<br>/audit by the  |
| Signature of Concessionaire Date   |   |

## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

| Park: _ | Wakulla Sp   | rings State Park           | Date: July 15th, 2016 |  |
|---------|--------------|----------------------------|-----------------------|--|
| Conces  | sionaire Nar | me: <u>Patrons of Waku</u> | ulla Springs, Inc.    |  |
| Period  | Covered:     | From June 1 – June         | e 30, 2016            |  |

### Point of Sale/Location of Cash Receipt (excluding base fee amount) Gross Sales Subtotal

| Lodge Room Revenue   | \$ 80,726.61  |
|--|---------------|
| Restaurant Revenue (excluded from commission calculation until 12-20-2019) | 77,202.72     |
| Black Lagoon Parlor Revenue  | 38,249.08     |
| Events Revenue   | 2,867.28      |
| Subcontractor Gross Sales  | 0.00          |
| Total Revenue  | \$ 199,045.69 |
| Less Restaurant Revenue  | (77,202.72)   |
| = Gross Sales  | \$ 121,842.97 |

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

#### Compensation

| \$ 121,842.97 |
|---------------|
| 7,310.58      |
| 0.00          |
| \$ 7,310.58   |
|               |

### Capital Improvements Spending

| Monthly Spending  | \$ 12,245.96 |
|---|--------------|
| Total Spending, Year to Date (FISCAL YEAR END 12-31-2016) | \$ 43,109.11 |

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.

| Signature of Concessionaire | Date            |  |
|-----------------------------|-----------------|--|
| Signature of Accountant     | Date            |  |
| Karen Taylor, CPA           | Accountant Name |  |

## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

| (Due by  | the 20 or each month)   |                                      |
|--|---|--------------------------------------|
| Park: Wakulla Springs State Park Dat   | e: <u>August 19<sup>th</sup>, 2016</u>  |                                      |
| Concessionaire Name: Patrons of Wakulla  | Springs, Inc.   |                                      |
| Period Covered: From July 1 – July 31, 2   | <u>2016</u>   |                                      |
| Point of Sale/Location of Cash Receipt (e  | excluding base fee amount) Gross S  | Sales Subtotal                       |
|  |   |                                      |
| Lodge Room Revenue Restaurant Revenue (excluded from comm  | signian adjoulation with 12 22 2010)  | \$ 90,451.11                         |
| Black Lagoon Parlor Revenue  | lission calculation until 12-20-2019)   | 83,189.60                            |
| Events Revenue   |   | 44,309.12                            |
| Subcontractor Gross Sales  |   | 1,920.00                             |
| Total Revenue  |   | 0.00                                 |
|  |   | \$ 219,869.83                        |
| Less Restaurant Revenue  |   | (83,189.60)                          |
| = Gross Sales Subcontractor is defined in paragraph 11 of  |   | \$ 136,680.23                        |
| Gross Sales Subtotal (from above)  |   | \$ 136,680.23                        |
| Monthly Commission: 6% % x Gross Sal   | es Subtotal   | 8,200.81                             |
| Other Payments (identify) - NONE   |   | 0.00                                 |
| Total Payable  |   | \$ 8,200.81                          |
| Capital Improvements Spending  |   |                                      |
| Monthly Spending   |   | \$ 6,659.20                          |
| Total Spending, Year to Date (FISCAL YEA   | R END 12-31-2016)   | \$ 49,768.31                         |
| CERTIFICATION: I certify that this monthly gross gross receipts for the period covered and recorded Department.  Signature of Concessionaire | s sales statement is true and correct and is sed in the accounting records available for reduced Date | based upon actual eview/audit by the |
| Signature of Accountant  | Date  |                                      |
| Karen Taylor, CPA  | Accountant Name   |                                      |

Accountant Name

## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

|  | ne 20 <sup>th</sup> of each month)  |   |
|--|---|---|
| Park: Wakulla Springs State Park Date  | : September 15 <sup>th</sup> , 2016   |   |
| Concessionaire Name: Patrons of Wakulla S  | orings, Inc.  |   |
| Period Covered: From August 1 – August   | 31, 2016  |   |
| Point of Sale/Location of Cash Receipt (ex   | cluding base fee amount) Gross  | Sales Subtotal  |
| Lodge Room Revenue   |   | <b>*</b> 00.070.07  |
| Restaurant Revenue (excluded from commis   | esion calculation until 12 20 2010)   | \$ 62,876.25  |
| Black Lagoon Parlor Revenue  | ssion calculation until 12-20-2019)   | 67,560.70   |
| Events Revenue   |   | 20,852.80<br>4,707.24   |
| Subcontractor Gross Sales  |   | 0.00  |
| Total Revenue  |   | \$ 155,996.99   |
| Less Restaurant Revenue  |   | (67,560.70)   |
| = Gross Sales  |   | \$ 88,436.29  |
| this form, or on an attached second sheet. If  | additional space is required, attach se   | econd sneet.  |
| Compensation   | additional space is required, attach so   |   |
| Gross Sales Subtotal (from above)  |   | \$ 88,436.29  |
| Compensation   |   | \$ 88,436.29<br>5,306.18  |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross Sales  |   | \$ 88,436.29  |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross Sales Other Payments (identify) – NONE Total Payable  Capital Improvements Spending  |   | \$ 88,436.29<br>5,306.18<br>0.00  |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross Sales Other Payments (identify) – NONE Total Payable  Capital Improvements Spending  Monthly Spending  | s Subtotal  | \$ 88,436.29<br>5,306.18<br>0.00<br>\$ 5,306.18   |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross Sales Other Payments (identify) – NONE Total Payable  Capital Improvements Spending  | s Subtotal  | \$ 88,436.29<br>5,306.18<br>0.00<br>\$ 5,306.18   |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross Sales Other Payments (identify) – NONE Total Payable  Capital Improvements Spending  Monthly Spending  | s Subtotal  R END 12-31-2016)  sales statement is true and correct and is   | \$ 88,436.29<br>5,306.18<br>0.00<br>\$ 5,306.18<br>\$ 1,402.89<br>\$ 51,171.20<br>s based upon actual |
| Gross Sales Subtotal (from above)  Monthly Commission: _6%_ % x Gross Sales Other Payments (identify) – NONE Total Payable  Capital Improvements Spending  Monthly Spending Total Spending, Year to Date (FISCAL YEAR CERTIFICATION: I certify that this monthly gross spross receipts for the period covered and recorded           | s Subtotal  R END 12-31-2016)  sales statement is true and correct and is   | \$ 88,436.29<br>5,306.18<br>0.00<br>\$ 5,306.18<br>\$ 1,402.89<br>\$ 51,171.20<br>s based upon actual |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross Sales Other Payments (identify) – NONE Total Payable  Capital Improvements Spending  Monthly Spending Total Spending, Year to Date (FISCAL YEAR CERTIFICATION: I certify that this monthly gross spross receipts for the period covered and recorded Department. | s Subtotal  R END 12-31-2016)  sales statement is true and correct and is d in the accounting records available for i | \$ 88,436.29<br>5,306.18<br>0.00<br>\$ 5,306.18<br>\$ 1,402.89<br>\$ 51,171.20<br>s based upon actual |

Return this form to the Park Manager.

QB'S PD#2462

## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

| (Duc by   | the 20 of each month)  |   |
|---|--|---|
| Park: Wakulla Springs State Park Dat  | e: October 10 <sup>th</sup> , 2016   |   |
| Concessionaire Name: Patrons of Wakulla   | Springs, Inc.  |   |
| Period Covered: From September 1 – Se   | eptember 30, 2016  |   |
| Point of Sale/Location of Cash Receipt (e   |  | ales Subtotal                           |
| Lodge Room Revenue  | y  | \$ 46,165.24                            |
| Restaurant Revenue (excluded from comm  | nission calculation until 12-20-2019)  | 40,179.92                               |
| Black Lagoon Parlor Revenue   | modell database and artiful 12 20 2010)  | 11,633.86                               |
| Events Revenue  |  | 4,647.00                                |
| Subcontractor Gross Sales   |  | 0.00                                    |
| Total Revenue   |  | \$ 102,626.02                           |
| Less Restaurant Revenue   |  | (40,179.92)                             |
| = Gross Sales   |  | \$ 62,446.10                            |
| Subcontractor is defined in paragraph 11 of   | this Agreement If there are multiple su  |   |
| Compensation  Gross Sales Subtotal (from above)   |  | \$ 62,446.10                            |
| Monthly Commission: 6% % x Gross Sal  | es Subtotal  | 3,746.77                                |
| Other Payments (identify) – NONE  |  | 0.00                                    |
| Total Payable   |  | \$ 3,746.77                             |
| Capital Improvements Spending   |  |   |
| Monthly Spending  |  | \$ 8,033.55                             |
| Total Spending, Year to Date (FISCAL YEA  | R END 12-31-2016)  | \$ 59,204.75                            |
| CERTIFICATION: I certify that this monthly gross gross receipts for the period covered and recorde<br>Department. | s sales statement is true and correct and is ed in the accounting records available for re | based upon actual<br>eview/audit by the |
| Signature of Concessionaire   | Date   |   |
| Signature of Accountant   | Date   |   |
| Karen Taylor, CPA   | Accountant Name  |   |

| Park: Wakulla Springs State Park [   | Date: November 7 <sup>th</sup> , 2016  |                                      |
|--|--|--------------------------------------|
| Concessionaire Name: Patrons of Wakul  | la Springs, Inc.   |                                      |
| Period Covered: From October 1 – O   | ctober 31, 2016  |                                      |
| Point of Sale/Location of Cash Receip  | t (excluding base fee amount) Gross §  | Sales Subtotal                       |
| Lodge Room Revenue   | y  | \$ 73,446.77                         |
| Restaurant Revenue (excluded from cor  | mmission calculation until 12-20-2019)   | 71,078.41                            |
| Black Lagoon Parlor Revenue  |  | 18,767.52                            |
| Events Revenue   |  | 7,574.07                             |
| Subcontractor Gross Sales  |  | 0.00                                 |
| Total Revenue  |  | \$ 170,866.77                        |
| Less Restaurant Revenue  |  | (71,078.41)                          |
| = Gross Sales  | of this Agreement. If there are multiple su  | \$ 99,788.36                         |
| Gross Sales Subtotal (from above)  Monthly Commission: 6% % x Gross S  | Sales Subtotal   | \$ 99,788.36<br>5,987.30             |
| Other Payments (identify) – NONE   | Sales Subtotal   |                                      |
| Total Payable  |  | 0.00<br>\$ 5,987.30                  |
| Capital Improvements Spending  Monthly Spending  |  | \$ 15,576.36                         |
| Total Spending, Year to Date (FISCAL Y   | EAR END 12-31-2016)  | \$ 74,781.11                         |
| CERTIFICATION: I certify that this monthly gragross receipts for the period covered and reconstruction.  Signature of Concessionaire | ross sales statement is true and correct and is proded in the accounting records available for reduced by the same of the same | based upon actual eview/audit by the |
| Signature of Accountant  | Date   |                                      |
| Karen Taylor, CPA  | _ Accountant Name  | 2                                    |
| Return this form to the Park Manager.  |  |                                      |



## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

Park: Wakulla Springs State Park Date: December 14<sup>th</sup>, 2016

Concessionaire Name: Patrons of Wakulla Springs, Inc.

Period Covered: From November 1 – November 30, 2016

### Point of Sale/Location of Cash Receipt (excluding base fee amount) Gross Sales Subtotal

| Lodge Room Revenue   | \$ 67,727.60  |
|--|---------------|
| Restaurant Revenue (excluded from commission calculation until 12-20-2019) | 73,531.07     |
| Black Lagoon Parlor Revenue  | 12,819.78     |
| Events Revenue   | 6,207.85      |
| Subcontractor Gross Sales  | 0.00          |
| Total Revenue  | \$ 160,286.30 |
| Less Restaurant Revenue  | (73,531.07)   |
| = Gross Sales  | \$ 86,755.23  |

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

#### <u>Compensation</u>

| Gross Sales Subtotal (from above)               | \$ 86,755.23 |
|---|--------------|
| Monthly Commission: 6% % x Gross Sales Subtotal | 5,205.31     |
| Other Payments (identify) – NONE                | 0.00         |
| Total Payable                                   | \$ 5,205.31  |

### Capital Improvements Spending

| Monthly Spending  | \$<br>9,105.29  |
|---|-----------------|
| Total Spending, Year to Date (FISCAL YEAR END 12-31-2016) | \$<br>83,886.40 |

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.

Signature of Concessionaire

Date

Signature of Accountant

Date

Karen Taylor, CPA

Accountant Name

## Monthly Report of Concessionaire's Gross Sales (Due by the 20<sup>th</sup> of each month)

| (Bue by the 20 of each month)   |                |
|---|----------------|
| Park: <u>Wakulla Springs State Park</u> Date: <u>January 17<sup>th</sup>, 2016</u>  |                |
| Concessionaire Name: Patrons of Wakulla Springs, Inc.   |                |
|   |                |
| Period Covered: From December 1 – December 31, 2016   |                |
| Point of Sale/Location of Cash Receipt (excluding base fee amount) Gross  | Sales Subtotal |
| Lodge Room Revenue  | \$ 53,978.30   |
| Restaurant Revenue (excluded from commission calculation until 12-20-2019)  | 82,967.06      |
| Black Lagoon Parlor Revenue   | 13,335.34      |
| Events Revenue  | 4,757.11       |
| Subcontractor Gross Sales   | 0.00           |
| Total Revenue   | \$ 155,037.81, |
| Less Restaurant Revenue   | (82,967.06)    |
| = Gross Sales<br>Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple s  | \$ 72,070.75   |
| this form, or on an attached second sheet. If additional space is required, attach second some second sheet.  | second sheet.  |
| Gross Sales Subtotal (from above)   | \$ 72,070.75   |
| Monthly Commission: 6% % x Gross Sales Subtotal   | 4,324.25       |
| Other Payments (identify) – NONE  | 0.00           |
| Total Payable   | \$ 4,324.25    |
| Capital Improvements Spending   |                |
| Monthly Spending  | \$ 2,204.20    |
| Total Spending, Year to Date (FISCAL YEAR END 12-31-2016)   | \$ 86,090.60   |
| CERTIFICATION: I certify that this monthly gross sales statement is true and correct and gross receipts for the period covered and recorded in the accounting records available for Department. |                |
| Signature of Accountant Date  |                |
| Karen Taylor, CPA Accountant Name   |                |