

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

PROCESSED



*****AUTO**MIXED AADC 323 T9 P1 50

Julie Sprague
Member
Collier County Public Schools
Elected Constitutional Officer
1324 Frank Whiteman Blvd
Naples, FL 34103-3872

COMMISSION ON ETHICS
DATE RECEIVED

JUN 24 2013

ID Code



ID No 222290

Conf. Code

P. Req. Code *****

Sprague, Julie

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2012 was \$ 253,472.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 7,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home - 1324 Frank Whiteman Blvd, Naples FL 34103	\$97,050
TSA - The Legend Group	\$73,369
TSA - Bencor	\$19,289
MetLife	\$2,518
5th 3rd Savings	\$10,871

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
5th 3rd Bank Home Equity Loan Po Box 740778 Cincinnati, OH 45274	\$24,472

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

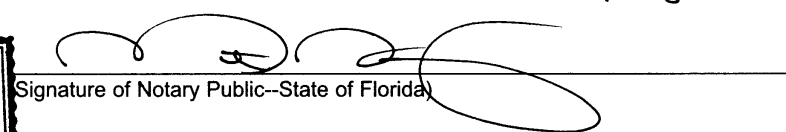
OATH

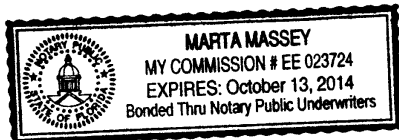
STATE OF FLORIDA
 COUNTY OF Collier

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

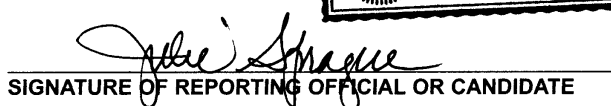
Sworn to (or affirmed) and subscribed before me this 10th day of

June, 2013 by Jolie Sprague


 Signature of Notary Public--State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

Part B Assets - Continued

5th 3rd Checking
5th 3rd Securities

\$ 3,610
\$ 63,707

1 Wages, tips, other comp. 5546.17		2 Federal income tax withheld 1691.97	
3 Social security wages 5546.17		4 Social security tax withheld 232.94	
Medicare wages and tips 5546.17		6 Medicare tax withheld 80.42	
Control number	Dept.	Corp.	Employer use only
00150 DALL/AMJ	7500XX	T	10
c Employer's name, address, and ZIP code SUSAN G KOMEN BREAST CANCER 26800 TAMIAMI TRAIL #210 BONITA SPRINGS FL 34134			
b Employer's FED ID number 68-0523074		a Employee's SSA number [REDACTED]	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
12b		12c	
12d		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code JULIE SPRAGUE 324 FRANK WHITEMAN BLVD NAPLES FL 34103			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy W-2 Wage and Tax Statement 2012 OMB No. 1545-0008 Copy 2 to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp. 5546.17		2 Federal income tax withheld 1691.97	
3 Social security wages 5546.17		4 Social security tax withheld 232.94	
5 Medicare wages and tips 5546.17		6 Medicare tax withheld 80.42	
Control number	Dept.	Corp.	Employer use only
000150 DALL/AMJ	7500XX	T	10
c Employer's name, address, and ZIP code SUSAN G KOMEN BREAST CANCER 26800 TAMIAMI TRAIL #210 BONITA SPRINGS FL 34134			
b Employer's FED ID number 68-0523074		a Employee's SSA number [REDACTED]	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
12b		12c	
12d		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code JULIE SPRAGUE 1324 FRANK WHITEMAN BLVD NAPLES FL 34103			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
FL State Reference Copy W-2 Wage and Tax Statement 2012 OMB No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 5546.17		2 Federal income tax withheld 1691.97	
3 Social security wages 5546.17		4 Social security tax withheld 232.94	
5 Medicare wages and tips 5546.17		6 Medicare tax withheld 80.42	
Control number	Dept.	Corp.	Employer use only
000150 DALL/AMJ	7500XX	T	10
c Employer's name, address, and ZIP code SUSAN G KOMEN BREAST CANCER 26800 TAMIAMI TRAIL #210 BONITA SPRINGS FL 34134			
b Employer's FED ID number 68-0523074		a Employee's SSA number [REDACTED]	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
12b		12c	
12d		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code JULIE SPRAGUE 1324 FRANK WHITEMAN BLVD NAPLES FL 34103			
15 State FL	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
FL State Filing Copy W-2 Wage and Tax Statement 2012 OMB No. 1545-0008 Copy 2 to be filed with employee's State Income Tax Return.			

ALSUB-35, INC.
 PO BOX 241448 CHARLOTTE NC 28224-1448

16339 *****SCH 3-DIGIT 339



JULIE KAY SPRAGUE
 1324 FRANK WHITEMAN BLVD
 NAPLES FL 34103-3872

OMB No. 1545-0008

10/31/12 rev.1

Form W-2 Wage and Tax Statement 2012		7 Social Security Tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
c Employer's name, address, and ZIP code ALSUB-35, INC. PO BOX 241448 CHARLOTTE NC 28224-1448 Worksite: STERLING OAKS COMMUNITY	d Control number		6020.64	632.57		
		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
			6020.64	252.87		
		9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld		
		6020.64	87.31			
	10 Dependent care benefits	11 Nonqualified plans	12a Code	See inst. for box 12		
e Employee's name, address, and ZIP code JULIE KAY SPRAGUE 1324 FRANK WHITEMAN BLVD NAPLES FL 34103-3872	13 Statutory Employee	Retirement Plan	Third-Party Sick Pay	12b -12d Codes		
	b Employer ID number					
	63-1082330					
		a Employee's social security number				
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
FL		6020.64				

1 Wages, tips, other compensation	34,192.32	2 Federal income tax withheld	3,001.67
3 Social security wages	35,275.56	4 Social security tax withheld	1,481.53
5 Medicare wages and tips	35,275.56	6 Medicare tax withheld	511.50

Employer's name, address, and ZIP code
 SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA
 5775 OSCEOLA TRAIL
 NAPLES, FL 34109-0919

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans		12a	
b		12b	8,407.75	12c	
Employer identification number (EIN)		a Employee's social security number			
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other		
	X		FRS/3% CAF-EE	1,083.24 832.00	

Employee's name, address, and ZIP code
 JULIE K. SPRAGUE
 1324 FRANK WHITEMAN BLVD
 NAPLES, FL 34103

Form **N-2**

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

2012

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

1 Wages, tips, other compensation	34,192.32	2 Federal income tax withheld	3,001.67
3 Social security wages	35,275.56	4 Social security tax withheld	1,481.53
5 Medicare wages and tips	35,275.56	6 Medicare tax withheld	511.50

Employer's name, address, and ZIP code
 SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA
 5775 OSCEOLA TRAIL
 NAPLES, FL 34109-0919

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans		12a	
b		12b	8,407.75	12c	
Employer identification number (EIN)		a Employee's social security number			
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other		
	X		FRS/3% CAF-EE	1,083.24 832.00	

Employee's name, address, and ZIP code
 JULIE K. SPRAGUE
 1324 FRANK WHITEMAN BLVD
 NAPLES, FL 34103

Form **W-2**

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

2012

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

FIFTH THIRD BANK
 DEPOSITOR SERVICES, MD1MOC2Y
 CINCINNATI, OH 45263

0026480

RECIPIENT'S identification number

PAYER'S Federal identification number

1-800-972-3030

PAYER'S Telephone number



JULIE SPRAGUE
 1324 FRANK WHITEMAN BLVD
 NAPLES FL 34103-3872

CORRECTED (if checked)

1 Interest income		2 Early withdrawal penalty		3 Interest on U.S. Savings Bonds and Treas. obligations		4 Federal income tax withheld		5 Investment expenses		OMB NO. 1545-0112 2012
\$167.36		\$0.00		\$0.00		\$0.00		\$0.00		
6 Foreign tax paid		7 Foreign country or U.S. possession		8 Tax-exempt interest		9 Specified private activity bond interest		FORM 1099-INT		
\$0.00				\$0.00				Interest Income		
10 Tax-exempt bond CUSIP no.		11 State		12 State identification no.		13 State tax withheld		Copy B for Recipient. This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
CODE	ACCOUNT*	AMOUNT	CODE	ACCOUNT*	AMOUNT					
CK CD003	██████████44 ██████████53	\$0.97 \$155.37	SV	██████████96	\$11.02					

SV = Savings CK = Interest-Bearing Checking CDXXX = Certificate of Deposit Type SB = Savings Bond Interest CB = Cash Bonus Coupon
 TR - Treasury Interest AG = Agiletics * = Joint Account ML = Mortgage Loan

Form 1099-INT (Keep for your records) Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Account number -- May show an account or other unique number the payer assigned to distinguish your account.

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, Gulf tax credit bonds, qualified forestry conservation bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, and build American bonds that must be included in your interest income. These amounts were treated as paid to you during 2012 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See instructions for Form 6251.

Box 10. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid to you during the calendar year and reported in box 8. If blank, no CUSIP number was issued for the bond(s).

Box 11-13. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

Statement

██████59	11-01-12	12-31-12	1 of 1
Member Number	From	Thru	Page



JULIE SPRAGUE
 1324 FRANK WHITEMAN BLVD
 NAPLES FL 34103-3872

IRS FORM 1099INT WILL BE MAILED
 BY JANUARY 31, 2013 REFLECTING
 DIVIDEND (INTEREST) EARNED IN
 EXCESS OF \$10 ON EACH SOCIAL
 SECURITY NUMBER FOR TAX YEAR
 2012. IF DUPLICATE COPIES OF TAX
 FORMS ARE REQUESTED, A \$1 FEE
 WILL BE ASSESSED.

SUFFIX: 00 REGULAR SAVINGS

PREVIOUS ACCOUNT NUMBER: ██████████

POST DATE	EFF DATE	TRANSACTION DESCRIPTION	AMOUNT	NEW BALANCE
		PREVIOUS BALANCE		918.40
11/30		DIVIDEND	.11	918.51
12/13		ACH DIRECT DEPOSIT FIFTH THIRD BANK	600.00	1518.51
12/31		DIVIDEND	.16	1518.67

TRUTH IN SAVINGS: ANNUAL PERCENTAGE YIELD 0.15%
 ANNUAL PERCENTAGE YIELD EARNED 0.15% ON .27
 FOR THE PERIOD 11/01/12 THROUGH 12/31/12

Y-T-D DIVIDENDS: 1.44

*****	*	TOTAL FOR THIS	*	TOTAL	*
*****	*	STATEMENT PERIOD	*	YEAR TO DATE	*
*****	*	TOTAL OVERDRAFT FEES	*	\$.00	*
*****	*	TOTAL RETURNED ITEM FEES	*	\$.00	*
*****	*	TOTAL OVERDRAFT FEES	*	\$.00	*
*****	*	TOTAL RETURNED ITEM FEES	*	\$.00	*

FOR 2012 REPORTING

	* OTHER YTD DIVIDENDS	* TOTAL YTD DIVIDENDS	* TOTAL YTD WITHHOLDING	* TOTAL YTD FORFEITURES
#####	1.44	1.44	.00	.00



Computershare



Computershare
PO Box 43078

Providence, RI 02940-3078

Within USA, US territories & Canada 800 351 7221

Outside USA, US territories & Canada 781 575 4729

www.computershare.com/att

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

*****AUTO**SCH 3-DIGIT 339 000093/0033559 033559



Recipient

JULIE K SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES FL 34103

Holder Account Number

Co.ID

██████████72

ATT

Recipient's ID No. ending in

Payer's Federal ID No.

██████████

██████████

*Uncertified accounts are subject to withholding taxes on dividend payments and sales proceeds.

001CS0081_rps.D_D_PG1.ATT.125905_297/0335559/0335559/6

Instructions for Recipients

Recipient's Identification Number: For your protection, this form may show only the last four digits of your taxpayer identification number. However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account Number: May show an account or other unique number the payer assigned to distinguish your account.

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040 or 1040A), if required. The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A, but treat it as a plan distribution, not as investment income, for any other purpose.

Box 1b: Shows the portion of the amount in box 1a that may be eligible for the 15% or 0% capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A.

Box 2a: Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1040), line 13. But, if no amount is shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

Box 2b: Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet - Line 19 in the Schedule D instructions (Form 1040).

Box 2c: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to a 50% exclusion and certain empowerment zone business stock that may be subject to a

60% exclusion. See the Schedule D (Form 1040) instructions.

Box 2d: Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet-Line 18 in the instructions for Schedule D (Form 1040).

Box 3: Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See Pub. 550, Investment Income and Expenses.

Box 4: Shows backup withholding. For example, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5: Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the "Other expenses" line on Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1a.

Box 6: Shows the foreign tax you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 7: This box should be left blank if a regulated investment company reported the foreign tax shown in box 6.

Box 8: Shows cash liquidation distributions.

Nominees: If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the current tax year General Instructions for Certain Information Returns.

188UDR



00RT0A (Rev. 10/11)

AT&T Inc.

PAYER'S Federal identification number: 43-1301883
PAYER'S name, street address, city, state, and ZIP code
AT&T INC.
C/O COMPUTERSHARE
P.O. BOX 43010
PROVIDENCE RI 02940-3010

RECIPIENT'S ID No. ending in: ██████████
Account number (see instructions): ██████████72
RECIPIENT'S name, street address, city, state, ZIP code
JULIE K SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES FL 34103

CORRECTED (if checked)

Dividends and Distributions

1a Total ordinary dividends \$ 310.67 ✓	1b Qualified dividends \$ 310.67 ✓
2a Total capital gain distr. \$ 0.00	2b Unrecap. Sec. 1250 gain \$ 0.00
2c Section 1202 gain \$ 0.00	2d Collectibles (28%) gain \$ 0.00
3 Nondividend distributions \$ 0.00	4 Federal income tax withheld \$ 0.00
5 Investment expenses \$ 0.00	6 Foreign tax paid \$
7 Foreign country or U.S. possession	8 Cash liquidation distributions \$ 0.00

OMB No. 1545-0110

2012

Form 1099-DIV

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

The reportable amounts above include the following additional income:

Company Paid Fees \$ 0.00	Company Paid Service Charges \$ 0.00
Discount on Reinvestment \$ 0.00	

Form 1099-DIV (keep for your records)

YEAR 2012: DIVIDENDS AND DISTRIBUTIONS

Confidential

OMB No. 1545-0110 **1099-DIV**

COMCAST CORPORATION
CLASS A COMMON STOCK

View your tax documents, and more while signed into your account at:
www.shareowneronline.com/Comcast

- New users: enroll by selecting Sign Up Now! Select Authentication ID, and then check I do not have my Authentication ID.
- Tax information is also available on our automated phone system at **888-883-8903**
- Investment Plan Participants: Total dividends reported may include company paid brokerage commission and/or discounts on purchases.

Payer's name, Federal ID number		Reported by: 41-1610482	
COMCAST CORPORATION		WELLS FARGO BANK, N.A.	
27-0000798	CMC1	P.O. BOX 64854 ST. PAUL MN 55164-0854	
Account number		Recipient's ID number	
[REDACTED]		[REDACTED]	
1a. Total ordinary dividends		1b. Qualified dividends	
\$27.44 ✓		\$27.44 ✓	
2a. Total capital gain distribution		2b. Unrecap. Sec. 1250 gain	
\$0.00		\$0.00	
2c. Section 1202 gain		2d. Collectibles (28%) gain	
\$0.00		\$0.00	
3. Nondividend distributions		4. Federal income tax withheld	
\$0.00		\$0.00	
14. State tax Withheld		12. State and 13. State ID	
\$0.00		N/A	

JULIE K SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES FL 34103-3872

120412 CMC1 143

Copy B For Recipient: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Instructions to Recipients

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not as investment income, for any other purpose.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for the 15% or zero capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A.

Box 2a. Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1040), line 13. But, if no amount is shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet - Line 19 in the Schedule D instructions (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is Section 1202 gain from certain small business stock that may be subject to a 50% exclusion and

certain empowerment zone business stock that may be subject to a 60% exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet - Line 18 in the instructions for Schedule D (Form 1040).

Box 3. Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See Pub. 550, Investment Income and Expenses.

Box 4. Shows backup withholding. For example, a payer must backup withhold on certain payments at a 28% rate if you did not give your Taxpayer Identification Number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the General Instructions for Certain Information Returns.

Boxes 12-14 State Income Tax Withheld. Shows backup state withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number to the payer. See form W-9 for information on backup withholding. Include this amount on your income tax return as state income tax withheld.





Computershare
PO Box 43078

Providence, RI 02940-3078

Within USA, US territories & Canada 800 252 1800

Outside USA, US territories & Canada 781 575 2058

www.computershare.com/exxonmobil

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

*****AUTO**SCH 3-DIGIT 339 000103/0036417 036417



Recipient

JULIE K SPRAGUE

1324 FRANK WHITEMAN BLVD

NAPLES FL 34103-3872

Holder Account Number



Record Date

09 Nov 2012

Check Number

0004255887

SSN/TIN Certified

Yes

001CS0005.DomLng_PG1.XOM.154524_49091/036417/036417/i

Exxon Mobil Corporation - Combined Dividend Payment / 2012 Tax Form 1099-DIV

Corrected (if checked)

Form 1099 - DIV - Dividends and Distributions 2012

Copy B - For Recipient

Account Number

Recipient's ID No. ending in

Payer's Federal ID No.

OMB No.

1545-0110

Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient JULIE K SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES FL 34103-3872

1a Total Ordinary Dividends (\$)	1b Qualified Dividends (\$)	3 Nondividend Distributions (\$)	4 FEDERAL INCOME TAX WITHHELD (\$)	6 Foreign Tax Paid (\$)	7 Foreign Country or U.S. Possession	8 Cash Liquidation Distri. (\$)	Payer's Details
582.98	582.98	0.00	0.00			0.00	EXXON MOBIL CORPORATION C/O COMPUTERSHARE P.O. BOX 43010 PROVIDENCE RI 02940-3010

Summary of reportable income (Amounts Paid and/or Reinvested do not reflect deductions for tax withheld, if any)

Amount Paid By Check/EFT (\$)	Amount Reinvested (\$)	Company Paid Fees (\$)	Company Paid Service Charges (\$)	Discount on Reinvestment
136.80	446.12	0.06	0.00	0.00

Form 1099-DIV

(Keep for your records)

Dividend Confirmation

Payment Date	Class Description	Participating Shares/Units	Dividend Rate	Gross Dividend (\$)	Deduction Amount (\$)	Deduction Type	Net Dividend (\$)
10 Sep 2012	COMMON	120	\$0.57000	68.40	0.00	N/A	68.40
10 Dec 2012	COMMON	120	\$0.57000	68.40	0.00	N/A	68.40
Year-To-Date Paid				136.80	0.00		136.80

46UTX

XOM



01CD70006 / R

00RX5A-PP-(F1)

WARNING: MULTIPLE SAFETY FEATURES. THE FACE OF THIS CHECK HAS A BLUE BACKGROUND AND FLUORESCENT INK (HOLD UNDER BLACKLIGHT TO VIEW). REFER TO SECURITY ENDORSEMENT BACKER FOR TRUE WATERMARK AND ADDITIONAL FEATURES.



Bank of America
Atlanta, Dekalb County, Georgia

64-1278
611 GA

Form 1099-DIV Dividends And Distributions

2012

OMB No. 1545-0110

1a Total ordinary dividends 235.59	1b Qualified dividends 235.59	Copy B for Recipients			
2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	2c Section 1202 gain	2d Collectibles (28%) gain		CORRECTED (If checked)
3 Nondividend distributions	4 Federal Income tax withheld	6 Foreign tax paid	7 Foreign Country or U.S. possession UNITED KINGDOM		8 Cash Liquidation Distributions
9 Noncash Liquidation Distributions	10 Exempt-interest Dividends	11 Specified Private Activity Bond Interest Dividends	12 State	13 State Identification No.	14 State Tax Withheld

By Whom Paid VODAFONE GROUP PLC

To Whom Paid JULIE K SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES FL 34103-3872

Payer's Federal Identification Number

43-1912740

Security Description

LVL2 ADR

Reported By

Computershare
P.O. Box 43010
Providence
RI 02940-3010

Recipient's Identification Number

On File

Account Key (See Instructions)

(800) 233-5601
www.cpushareownerservices.com

Shareowner Services
PO Box 1630
Manchester, CT 06045

1327132 01 AT 0.374 **AUTO T9 0 3811 34103 P27489



JULIE K SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES FL 34103-3872

FIFTH THIRD BANK

INSTALLMENT LOAN MD1MOC2N-3150
CINCINNATI, OH 45263

004383



JULIE SPRAGUE
1324 FRANK WHITEMAN BLVD
NAPLES, FL 34103-3872

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number FIFTH THIRD BANK INSTALLMENT LOAN MD1MOC2N-3150 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263 1-800-972-3030		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2012 Form 1098	Mortgage Interest Statement
RECIPIENT'S federal identification number 31-0676865	PAYER'S social security number [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$803.01	Copy B For Payer The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.	
PAYER'S/BORROWER'S name, street address (including apt. no.), city, state, and ZIP code JULIE SPRAGUE 1324 FRANK WHITEMAN BLVD NAPLES, FL 34103-3872		2 Points paid on purchase of principal residence \$.00		
Account number (see instructions) [REDACTED] 40		3 Refund of overpaid interest \$.00		
		4		

Form **1098**

(Keep for your records)

Department of the Treasury - Internal Revenue Service

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number - May show an account or other unique number the lender has assigned to distinguish your account.

BOX 1. - Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, does not include home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buy-down" mortgage. Such amounts are deductible by you only in certain circumstances. **CAUTION:** If you prepaid interest in 2012 that accrued in full by January 15, 2013, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2012 even though it may be included in box 1. If you hold a mortgage credit the interest and can claim the mortgage interest equity, line of credit, or credit card loan secured by your personal residence, you may be subject to deduction limitations.

BOX 2. - Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 2 may also be deductible. See Pub. 936 to figure the amount you can deduct.

BOX 3. - **Do not deduct this amount.** It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other Income" line of your 2012 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and Itemized Deduction Recoveries in Pub. 525.

BOX 4. - The interest recipient may use this box to give you other information, such as the address of the property that secures the debt, real estate taxes, or insurance paid from escrow.

2012 Collier County Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments

If Paid By Please Pay	Nov 30, 2012 823.99	Dec 31, 2012 832.57	Jan 31, 2013 841.15	Feb 28, 2013 849.74	Mar 31, 2013 858.32
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Parcel Number	Legal Description	Mill Code	Escrow Code
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64262120007	N NAPLES HIGHLANDS BLK F LOT 12	6	
	<p>Pay in U.S. Funds Drawn on a U.S. Bank To: Collier County Tax Collector 3291 E. Tamiami Tr. Naples, FL 34112-5758 Visit our website www.colliertax.com</p>	SPRAGUE, JULIE 1324 FRANK WHITEMAN BLVD NAPLES FL 34103-3872	

Market Value	Authority Type	Mill Rate	Assessed Value	Exempt Amt	Taxable Value	Tax Amount
97,080	County	3.7589	97,080	50,000	47,080	176.97
Exemption Amount Homestead 50,000	School-State	3.3280		25,000	72,080	239.88
	School-Local	2.2480		25,000	72,080	162.04
	Dependent	.7161		50,000	47,080	33.71
	Water Mgmt	.3390		50,000	47,080	15.96
	Independent	1.1102		50,000	47,080	52.27
	Voter Apr Dt	.0849		50,000	47,080	4.00

Millage Total		11.5851	Total Ad Valorem		684.83
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Non-Ad Valorem District	Type of Assessment	Amount
Dist 1	Garbage	173.49

Non-Ad Valorem Total		173.49
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<i>See reverse side for important information</i>	Combined Ad Valorem and Non-Ad Valorem Total	858.32
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Please Retain this portion for your records

February 22, 2012

Ms. Julie K. Sprague '75
1324 Frank Whiteman Blvd
Naples, FL 34103

Dear Ms. Sprague:

Thank you for your support of SUNY Cortland. Your gift of \$55.00 has a tangible impact on our students, faculty and the entire College community. It provides necessary resources to enhance opportunities for our students and helps academic and extracurricular programming flourish.

The impact of your generosity can be found in the words of gratitude we hear every day. From the scholarship recipient who never thought he could afford college to the student discovering the research question that will become her life's work — your gift is truly touching lives.

Along with thousands of others, you are changing the future of our institution. In September 2011, we announced *Educating Champions: The Campaign for Cortland*, a \$25 million campaign that will provide Cortland with the resources it needs to succeed in a changing world. Your gift brings us one step closer to achieving our goal. We are grateful for your support, for playing a role in our present success and, more importantly, contributing to our future.

Best Regards,



Jennifer Janes
Director, The Cortland Fund
Cortland College Foundation

Your gift is tax-deductible. Please use this letter for income tax purposes to confirm that your payment is in support of the Cortland College Foundation and that neither the foundation nor the College has provided goods or services to you in exchange for your gift.

Educating Champions

THE CAMPAIGN FOR CORTLAND

DRUG **collier** **FREE**

Working to Save & Change Lives!

P.O. Box 770759
Naples, Florida 34107

Phone: (239) 377-0535
Fax: (239) 377-0506

info@DrugFreeCollier.org
www.DrugFreeCollier.org

February 21, 2012

Ms. Julie Sprague
1324 Whiteman Blvd.
Naples, FL. 34103

Dear Ms. Sprague:

On behalf of Drug Free Collier, we wish to express our sincere thanks for your purchase of 1 ticket totaling \$75 to support our Fourth Community Awareness Luncheon on Thursday, March 1, 2012 at the Hilton Naples.

Payment was received via check #3596, dated February 21, 2012. For your purchase, you will receive lunch at the event and hear from our distinguished speaker, Calvina Fay. Ms. Fay is the Executive Director of Drug Free America Foundation and S.O.S. (Save our Society from Drugs). She has also served as an advisor to the White House Office of National Drug Control Policy.

As Drug Free Collier is a charitable organization, please keep this letter of receipt with your tax records.

Thanks to your support, our Community Awareness Luncheons will continue to generate a surge in local interest and energy directed towards keeping our kids and our community drug free. Your participation is vital to our success and the impact we can make on young lives. We look forward to your continued assistance in preventing and reducing juvenile substance abuse. Together, we will save & change lives!

Very truly yours,



Ana DiMercurio

Prevention Coordinator

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Collier County Government

Mimi Scofield
Managing Partner
Banyan Marketing & Distributing, LLC

Patricia Scoville
Retiree, Citigroup Human Resources

The Children's Movement of Florida

Insisting that children be the No. 1 priority in Florida.

David Lawrence Jr.
Chair
3250 SW Third Ave.
Miami, Fla. 33129
Phone: 305-646-7229
Fax: 305-646-7232
E-mail: dlawrence@childreadiness.org



December 29, 2011

Carol Jenkins Barnett
Vice Chair

Dear Julie Sprague:

Sam Bell
Allan Bense
Cecilia Bryant
Bob Butterworth
Marta Casas-Celaya
Betty Castor
Scott Clemons
David Dennis
Manny Diaz
Pegeen Hanrahan
Kathryn Hensley
Ed Jennings
Toni Jennings
Greg Langowski
Roberto Martinez
Gepsie Metelius
Jon Mills
Sandra Murman
John "Q" Quinones
Nan Rich
Mario Rubio
Burt Saunders
H.T. Smith
Bill Sublette
Margaret Tidmore

My straightforward headline: Thank you.

You now are a member of The Children's Movement of Florida. That means you share the insistence that children must become the No. 1 priority for decision-makers in Florida. As you and I know so well, that's not even close to the situation today.

In appreciation for your support, we have included a personalized Children's Movement of Florida membership card and bumper sticker which I hope you will display on your car, as I do. You have been automatically entered in our Children's Movement Dream Prizes promotion for a chance to win big while helping The Movement raise the funds necessary to advocate on behalf of all our children. Winners will be notified by phone or e mail early next year. Good luck!

To learn more about The Children's Movement of Florida, Please visit our website at www.childrensmovementflorida.org. It's updated every weekday.

We have the opportunity to build a movement for everyone's child, everyone's family. Your being part of that makes such a difference.

Sincerely,

David Lawrence Jr.
Chair
The Children's Movement of Florida



CHAMPIONS FOR LEARNING™

2012 - 2013
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Chair

Dianne Mayberry-Hatt
Immediate Past Chair

John Brooks
Vice Chair

Kathy Connelly
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Vice Chair

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Carlos Tarra

Roy Terry

George Walters, Jr.

Trudy Weisberg



3606 Enterprise Avenue, Suite 150 239.643.4755 T
Naples, FL 34104 239.643.4799 F

December 6, 2012

Ms. Julie Sprague
1324 Frank Whiteman Blvd
Naples, FL 34103

Dear Julie,

Thank you for your annual campaign donation of \$50.00 to The Education Foundation of Collier County—now called **Champions For Learning™**. We are pleased to share our renewed mission; to bring the community together to invest in innovative practices that enrich the environment for student learning.

Since 1990, Education Foundation has been the independent voice of the community with key strategies such as:

- support for teachers with classroom grants and teacher recognition
- enriching the environment for student learning through the Take Stock in Children mentoring and scholarship program
- supporting family and parent engagement through family literacy programs

Your support assists with these proven programs but will also advocate innovative approaches that benefit student learning such as:

- fostering real world learning opportunities for student and parents
- provide opportunities for teachers and principals to share what works in their classrooms
- build community based networks to inspire innovation

No goods or services were provided for this donation.

Thank you for choosing to be a **Champion for Learning!**

Sincerely,

Susan McManus, President

P.S. Please visit our website at www.ChampionsForLearning.org to learn more about The Education Foundation of Collier County—now called Champions For Learning!