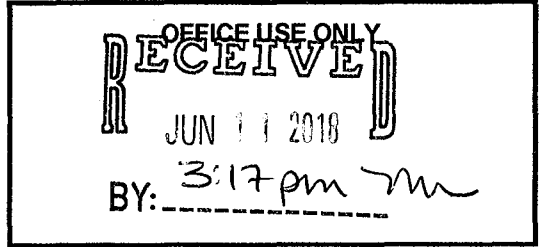


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CRISSY STILE
Name

(2) 1850 HILLTOP DRIVE
Address (number and street)

MOUNT DORA FL 32757
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Candidate Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 05 / 01 / 2018 To 05 / 31 / 2018 Report Type: 2018 MS

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 125.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 125.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 71.10

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 71.10

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 125.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 71.10

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

CRISTINE STILE
Cristine
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name CRISSY STILE (2) I.D. Number _____

(3) Cover Period 05 / 01 / 2018 through 05 / 31 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
05 / 30 / 2018	SEGEL, SUSAN M NICKERSON, BRUCE L 930 W 11TH AVE MOUNT DORA FL 32757	I		CHE			\$100
1							
05 / 31 / 2018	STILE, MICHELLE 1353 GOLF COURSE DR. APOPKA FL 32712	I		CHE			\$25
2							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CRISSY STILE

(2) I.D. Number _____

(3) Cover Period 05/01/2018 through 05/31/2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
05/29/2018	CITY OF MOUNT DORA 510 N BAKER ST MOUNT DORA FL 32757	ELECTION ASSESSMENT	CAN		\$61.10
1					
05/29/2018	SUPERVISOR OF ELECTIONS 315 W MAIN ST STE 144 TAVARES, FL 32729	REGISTERED VOTER LISTS	CAN		\$10.00
2					
///					
///					
///					
///					
///					
///					