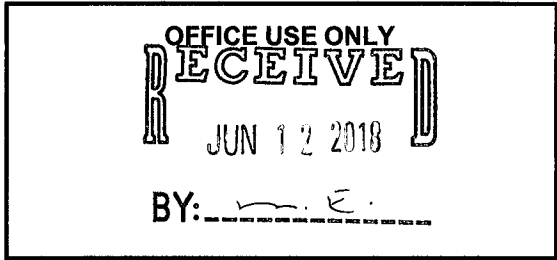


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donnie Stroud
 Name
9052 Laurel Ridge Dr
 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):

- Candidate Office Sought: Mount Dora City Council At-Large
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5/24/2018 To 5/31/2018 Report Type: MS

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100 . —

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 100 . —

In-Kind \$ _____ , _____ , 0 . —
none

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 61 . 10
none

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . —

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 61 . 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) DONNIE STROUD

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

[Signature]
 Signature

(Type name) DONNIE STROUD

Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donnie Stroud (2) I.D. Number _____

(3) Cover Period 5 / 24 / 2018 through 5 / 31 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
5 / 24 / 18	STROUD, DONNIE 9052 LAUREL RIDGE, DR MOUNT NORA	I	RET	CASH	-	-	\$100-
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donnie Stroud

(2) I.D. Number _____

(3) Cover Period 5/24/2018 through 5/31/2018

(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					
5/24/18	City of Mount Dora Mount Dora, FL	2018 ELECTION ASSESSMENT	CAN	-	\$61.10
G-1-1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					