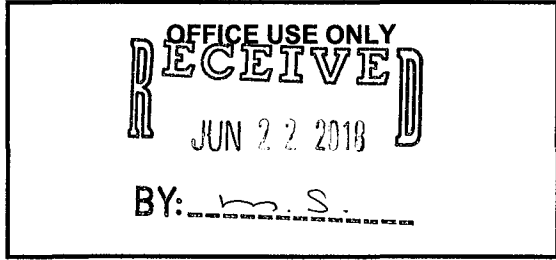


CAMPAIGN TREASURER'S REPORT SUMMARY

(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) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6/1/18 To 6/22/18 Report Type: P1
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	<u>50</u>	.	—
Loans	\$	_____	,	_____	,	<u>400</u>	.	—
Total Monetary	\$	_____	,	_____	,	<u>450</u>	.	—
In-Kind	\$	_____	,	_____	,	<u>68.21</u>	.	

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	—	.	—
Transfers to Office Account	\$	_____	,	_____	,	—	.	—
Total Monetary	\$	_____	,	_____	,	—	.	—

(8) Other Distributions
 \$ _____, _____, _____.

(9) TOTAL Monetary Contributions To Date
 \$ _____, _____, 550.

(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
X Donnie Stroud
 Signature

(Type name) Donnie Stroud
 Candidate Chairperson (only for PC and PTY)
X Donnie Stroud
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DONNIE STROUD (2) I.D. Number

(3) Cover Period 6/1/18 through 6/22/18 (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
6/13/18	SARYCH, DAVID 9049 LAUREL RIDGE DR. MOUNT DORA, FL 32757	I	SALES- MAN	INK	SIGN POSTS	—	\$68.21
P1-1							
6/16/18	JACKSON, ROBERT 1720 STAFFORD SPRINGS BLVD MOUNT DORA FL 32757	I	—	CHE	—	—	\$50--
P1-2							
6/18/18	STROUD, DONNIE 9052 LAUREL RIDGE DR MOUNT DORA FL 32757	S	RETIRED	LOA (CHE)	—	—	\$400--
P1-3							
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 6/1/18 through 6/22/18

(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					
//	NONE	—	—	—	—
//					
//					
//					
//					
//					
//					
//					