

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KATHERINE BELLAMY

Name

(2) 1306 ROBIE AVENUE

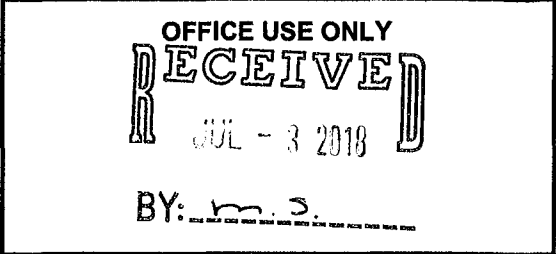
Address (number and street)

MOUNT DORA, FLORIDA 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 6/1/18 To 6/22/18 Report Type: P1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 61.10

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 100.00

### (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)

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

**X**

Signature

(Type name) KATHERINE BELLAMY

Candidate  Chairperson (only for PC and PTY)

**X**

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name KATHARINE BELAMY (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		
6/22/18	BELAMY KATE 1306 ROBINCRE MT DORA	I	-	CAS			\$100
1							
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name KATHLEEN BULLOCK

(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
6/22/18	CITY of MT DORA 510 N BAKER ST. MT DORA FL 32757	ELECTION ASSESSMENT	CAN		\$61.10
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					