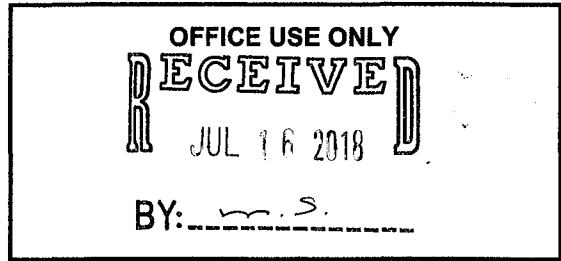


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KATHERINE BELLAMY
 Name
 (2) 1306 ROBIN AVE
 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 1231 18 To 7 1001 18 Report Type: PZ

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____ .00

Loans \$ _____, _____, _____ .00

Total Monetary \$ _____, _____, _____ .00

In-Kind \$ _____, _____, _____ .00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____ .00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____ .00

(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)

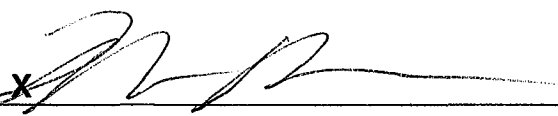
- Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

- Candidate Chairperson (only for PC and PTY)

KATHERINE BELLAMY


Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KATHERINE BELLAH (2) I.D. Number _____

(3) Cover Period 6 / 28 / 18 through 7 / 06 / 18 (4) Page (of)

(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		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

No CONTRIBUTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KATHERINE BECCARY

(2) I.D. Number _____

(3) Cover Period 6/23/18 through 7/6/18

(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					
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NO EXPENDITURES