

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KATHERINE BELLAMY

Name

(2) 1306 Robie Ave

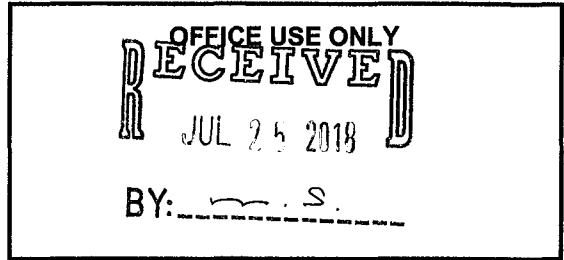
Address (number and street)

MT DORA FL 32757

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate Office Sought: MT 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 7/17/18 To 7/20/18 Report Type: P3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 300.

Loans \$, ,

Total Monetary \$, ,

In-Kind \$, ,

(7) Expenditures This Report

Monetary Expenditures \$, , 120.

Transfers to Office Account \$, ,

Total Monetary \$, ,

(8) Other Distributions

\$, , ~~100~~ 70

(9) TOTAL Monetary Contributions To Date

\$, , 400.

(10) TOTAL Monetary Expenditures To Date

\$, , 181.10

(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) KATHERINE BELLAMY

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

[Signature]

Signature

(Type name) KATHERINE BELLAMY

Candidate Chairperson (only for PC and PTY)

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07 1 07 2018 through 07 1 20 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
7, 17, 18	KATHERINE BEAUM 1306 ROBE AVE MT DORA FL 32757	I CBS	-	CAS			\$300
1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KAROLINE BALAM

(2) I.D. Number _____

(3) Cover Period 7/7/2018 through 7/1/2019

(4) Page _____ of _____

(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
7/20/18	SHARP DESIGN 1125 ROBE AVE MOONSDALE, FL 32757	PARADE SIGNS	CASH		\$100
2					
7/20/18	SUPERVISOR OF ELECTING 1898 E BULLOCK BVD TAVARES FL 32778	VOTER LIST	CASH		\$20
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					