

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DONNIE STROUD

Name

(2) 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 \$ _____, _____, 100.00

Loans \$ _____, _____, 100.00

Total Monetary \$ _____, _____, 100.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 61.10

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 61.10

(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) 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 DORA, FL 32757	S	RET	CASH	-	DEL	\$100-
MS-1							
5/24/18	STROUD, DONNIE 9052 LAUREL RIDGE DR MOUNT DORA, FL 32757	S	RET	LOA	-	ADD	\$100-
MS-2							
/ /							
/ /							
/ /							
/ /							
/ /							