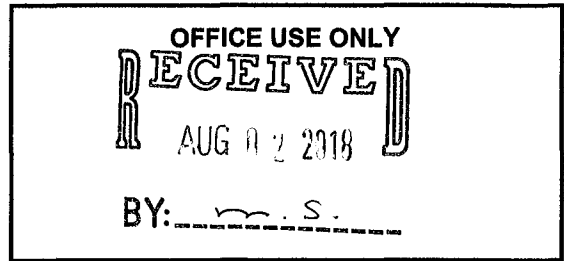


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KATHERINE BELLAMY
 Name
 (2) 1306 Robie Ave
 Address (number and street)
MOUNT DORA, 32757
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 / 21 / 18 To 7 / 27 / 18 Report Type: P4

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 \$ _____ , _____ , 149.22

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 149.22

(8) Other Distributions

\$ _____ , _____ , ~~50.00~~ ~~22~~

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 400. ✓

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 330.32

(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

X [Signature]

Signature

(Type name) KATHERINE BELLAMY

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KATHARINE BELLAAMY

(2) I.D. Number _____

(3) Cover Period 7/21/18 through 7/27/18

(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					
7/22/18	SUPERVISOR OF ELECTIONS 1895 E BURLEY BLVD TAVARES FL 32778	NOTER LIST AMOUNT PAYMENT	CAN		\$20
1					
7/27/18	OFFICE DEPOT 17081 US HWY 441 EUSTIS FL 32757	PRINTING SUPPLIES (INK, PAPER)	CAN		\$29.22
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KATHARINE BELLAMY (2) I.D. Number _____

(3) Cover Period 7 122 118 through 7 127 118 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	NONE						NONE
/ /	↓						↓
/ /	↓						↓
/ /	↓						↓
/ /	↓						↓
/ /	↓						↓