

## CAMPAIGN TREASURER'S REPORT SUMMARY

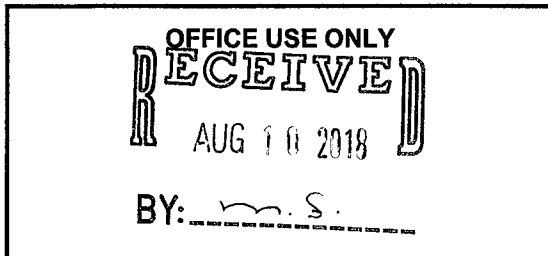
(1) DONNIE STROUD  
Name

(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 7 / 28 / 18 To 8 / 3 / 18 Report Type: PS

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

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

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

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 4,080. \_\_\_\_\_.

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 112.25

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

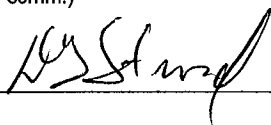
I certify that I have examined this report and it is true, correct, and complete:

(Type name) DONNIE STROUD

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

**X**

Signature

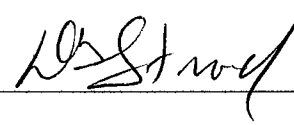


(Type name) DONNIE STROUD

Candidate  Chairperson (only for PC and PTY)

**X**

Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donnie Stroud (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 28 / 18 through 8 / 3 / 18 (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						
/ /							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DONNIE STROUD

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/28/18 through 8/3/18

(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					
//	NONE				
//					
//					
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