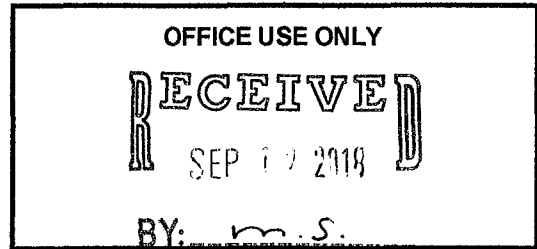


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CRISSY STILE
Name

(2) 1850 HILLTOP DR
Address (number and street)

MOORE DAM FL 32757
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|---|--|
| <input type="checkbox"/> Candidate | Office Sought: <u>CITY COUNCIL AT LARGE</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 08 / 24 / 18 To 08 / 31 / 18 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 705.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 705.00

In-Kind \$ _____ , _____ , 176.50

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1,349.23

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 1,349.23

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 7,770.25

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 5,088.62

(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) CRISTINE STILE

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

X Cristine
Signature

(Type name) CRISTINE STILE

Candidate Chairperson (only for PC and PTY)

X Cristine
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CRISSY STILE

(2) I.D. Number _____

(3) Cover Period 08 / 24 / 18 through 08 / 31 / 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					
8/27/18	CHARLES TOWNSEND 811 W NORTH BLVD LEESAVNG FL 34748			DEL	\$ 687.48.
G1-1					
8/31/18	INTEGRITY MAIL 3425 LAKE CENTER DR #5 MOUNT DORA FL 32757	POSTAGE FOR MAILING	CAN	ADD	\$ 294.67
G1-8					
//					
//					
//					
//					
//					