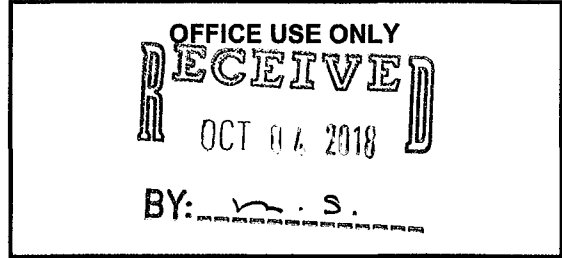


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Katherine Bellamy
 Name
 (2) 1306 Robie Avenue
 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: City Council at large
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 09 / 15 / 18 To 09 / 28 / 18 Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 20 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1, 511 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 725 . 32

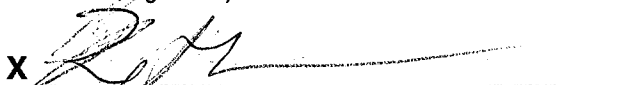
(11) Certification

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:

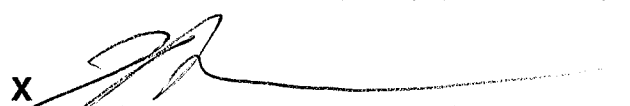
(Type name) Katherine bellamy

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

X 
 Signature

(Type name) Katherine bellamy

Candidate Chairperson (only for PC and PTY)

X 
 Signature

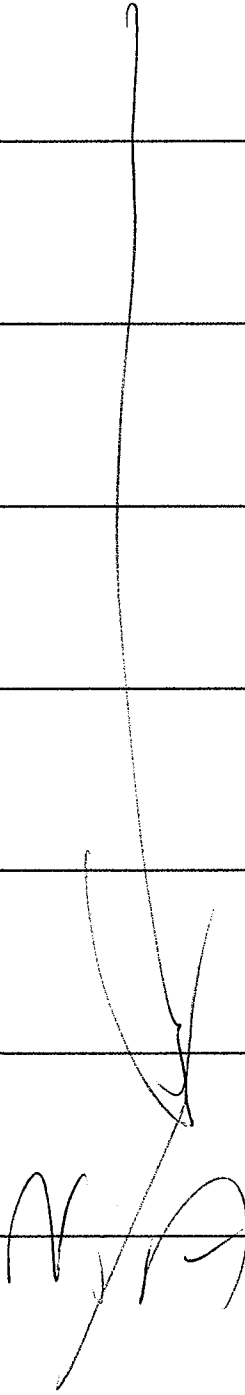
CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Katherine Bellamy

(2) I.D. Number _____

(3) Cover Period 09/15/18 / _____ / _____ through 09/28/18 / _____ / _____

(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					
///					
///					
///					
///					
///					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Katherine Bellamy (2) I.D. Number _____

(3) Cover Period 09/15/18 / ____ / ____ through 09/28/18 / ____ / ____ (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		
08/21/18 / / 1	Hoechst Cathy 601 McDonald St. Unit 405 MOUNT DORA FL 32757	O		INK	Meet & Greet		\$20.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							