

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CRISSY STILE  
Name

(2) 1850 HILLTOP 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: 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 10 / 13 / 2018 To 10 / 19 / 2018 Report Type: G6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 906.42

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 906.42

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 11,683.79

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 10,190.55

### (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

Cuh

X  
Signature

(Type name) CRISTINE STILE

Candidate  Chairperson (only for PC and PTY)

Cuh

X  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name CRISSEY STILG (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 15 / 2018 through 10 / 19 / 2018 (4) Page 6 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)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CRISSY STILG

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

(3) Cover Period 10 / 13 / 2018 through 10 / 19 / 2018

(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					
10/17/2018	INTEGRITY MAIL 3425 LAKE CENTER DR #5 MOUNT DORA FL 32757	PRINTING/ POSTAGE	CAN		\$871.42
1					
10/19/2018	USPS 711 N DONNELLY ST MOUNT DORA FL 32757	STAMPS	CAN		\$35
2					
//					
//					
//					
//					
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