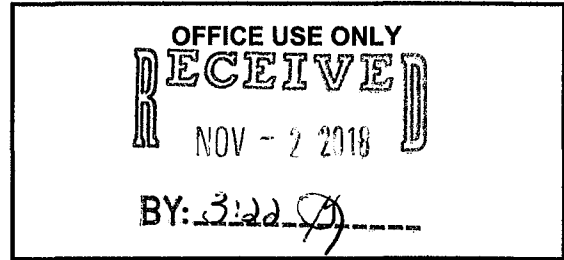


CAMPAIGN TREASURER'S REPORT SUMMARY

(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: 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 10 / 20 / 18 To 11 / 1 / 18 Report Type: G7

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

\$ _____, 1, 641 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 725 . 32

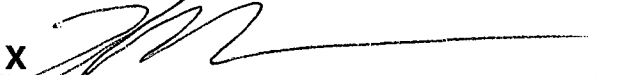
(11) Certification

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 CONTRIBUTIONS

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

(3) Cover Period 10/20/18 / ____ / ____ through 11/1/18 / ____ / ____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	/						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

NOTHING
TO
REPORT

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Katherine Bellamy

(2) I.D. Number _____

(3) Cover Period 10/20/18, / ____ / ____ through 11/1/18, / ____ / ____

(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					
/ /	/				
/ /					
/ /			NOTHING TO		
/ /			REPORT		
/ /					
/ /					
/ /					
/ /					