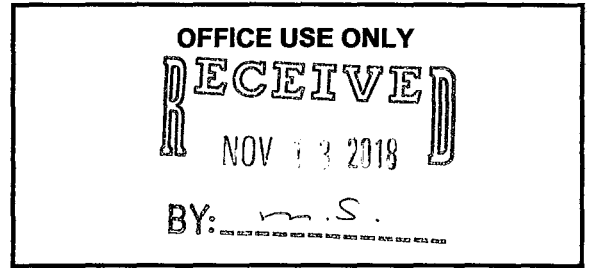


# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Tucker  
 Name  
 (2) 1826 Overlook Drive  
 Address (number and street)  
Mount Dora FL 232757  
 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 District 3
- 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 06/23/2018 To 11/06/2018 Report Type: TR

Original  Amendment  Special Election Report

#### Contributions This Report

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

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

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

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

#### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 388 . 90

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 388 . 90

#### (8) Other Distributions

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

#### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 450 . 00

#### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 450 . 00

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

X John Tucker  
 Signature

(Type name) John Tucker  
 Candidate  Chairperson (only for PC and PTY)

X John Tucker  
 Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Tucker (2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 23 / 2018 through 11 / 06 / 2018 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation |                             |                                |                   |                |
| / /                       | No contributions   |                    |            |                             |                                |                   |                |
|                           |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
|                           |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
|                           |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
|                           |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
|                           |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
|                           |  |                    |            |                             |                                |                   |                |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John E Tucker

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

(3) Cover Period 06/23/18 through 07/06/18

(4) Page ONE of ONE

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 06/30/18                  | Michael MUELLER<br>2233 Overlook Dr<br>Mount Dora FL 32757                                     | Refund   | <del>DIS</del><br>DIS      |                   | \$100.00       |
| 014                       |  |  |                            |                   |                |
| 06/30/18                  | Michael Zealy<br>2225 Overlook Dr<br>Mount Dora FL 32757                                       | Refund   | <del>DIS</del><br>DIS      |                   | \$150.00       |
| Tax                       |  |  |                            |                   |                |
| 08/17/18                  | John Tucker<br>1826 Overlook Dr<br>Mount Dora FL<br>32757                                      | Refund to<br>self  | DIS                        |                   | \$188.90       |
| 11                        |  |  |                            |                   |                |
| 11                        |  |  |                            |                   |                |
| 11                        |  |  |                            |                   |                |
| 11                        |  |  |                            |                   |                |
| 11                        |  |  |                            |                   |                |