

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Nemece
Name

(2) 7010 Pine Hollow Drive
Address (number and street)

Mount Dora, FL 32757
City, State, Zip Code

OFFICE USE ONLY

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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 7/9/16 To 7/22/16 Report Type: R3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 900.00

Loans \$ _____, _____, 100.00

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, 160.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 282.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 282.00

(8) Other Distributions

\$ _____, _____, ~~_____~~

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 1,300.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 383.10

(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) JOSEPH P. DANIEL

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

X [Signature]
Signature

(Type name) SUSAN NEMECE

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SUSAN NEMEC (2) I.D. Number _____

(3) Cover Period 7/9/16 through 7/22/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
7/11/16	C.D. ELLIOTT P.O. BOX 981 FREDERICKSBURG, VA. 22404	I		CHE			\$150. ⁰⁰
2							
7/20/16	LOPPAINE E. LEWART 8856 BRACON HILL AVE. MT. DORA, FL. 32757	I		CHE			\$400. ⁰⁰
3							
7/28/16	GLENN E. BROWN 3020 PALERMO CT. MT. DORA, FLA - 32757	I		CHE			\$100. ⁰⁰
4							
7/15/16	SUSAN NEMEC 7010 PINE HOLLOW DR. MOUNT DORA, FL 32757	S		LOA			\$100. ⁰⁰
5							
7/21/16	MICHAEL MOSCHER P.O. BOX 1757 MT. DORA, FL - 32756	I		CHE			\$750. ⁰⁰
6							
7/15/16	AMBER ANTONIO 1120 N. ALEXANDER ST. MT. DORA, FLA 32757	I		INK	ENVELOPES, PAPER + TONER		\$80. ⁰⁰
7							
7/15/16	JANKE DI FIORIS 204 N. TRENAIN ST. MT. DORA, FLA 32757	I		INK	ENVELOPES, PAPER, + TONER		\$80. ⁰⁰
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SUSAN NEMEC (2) I.D. Number _____
 (3) Cover Period 7, 9, 16 through 7, 22, 16 (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
7/15/16	U.S. POST OFFICE 717 N. CONNELLY ST. MT. JOYO, PA. 38757	STAMPS	CAN		\$282. ⁰⁰
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**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

07-26-16 A10:17 IN

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) *SUSAN MORANGEKI NOME* 3. Address (include post office box or street, city, state, zip code) *7010 Pine Hollow DR. MOUNT DORA, FL 32757*

4. Telephone *(352) 360-8840* 5. E-mail address *ASHLEYSCORRELL@COMCAST.NET*

6. Office sought (include district, circuit, group number) *AT LARGE COUNCIL* 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer *JOSEPH P. DANIEL III*

11. Mailing Address *7019 PINE HOLLOW DR* 12. Telephone *(407) 529-6848*

13. City *MT. DORA* 14. County *LAKE* 15. State *FL* 16. Zip Code *32757* 17. E-mail address *R.DANIEL96@AOL.COM*

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank *FIRST NATIONAL BANK* 20. Address _____

21. City *MOUNT DORA* 22. County *LAKE* 23. State *FL* 24. Zip Code *32757*

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date *7/26/2016* 26. Signature of Candidate *X Susan Morangeki Nome*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, *JOSEPH P. DANIEL III*, do hereby accept the appointment
(Please Print or Type Name)

Designated above as: Campaign Treasurer Deputy Treasurer.
7/25/16 *X* *Joseph P. Daniel III*
Date Signature of Campaign Treasurer or Deputy Treasurer