CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Nemec
Name

(2) 7010 Pine Hollow Dr.
Address (number and street)

Mount Dora, FL 32757
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

08-19-16 P03:44 IN

(3) ID Number: P6

(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 8 / 6 / 16 To 8 / 12 / 16 Report Type: P6

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 100 . 00
Loans	$ ___ , ___ 224 . 50
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , 107 . 05

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 240 . 50
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 1 , 731 . 55

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 710 . 40

(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) Susan Nemec

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

X Susan Nemec
Signature

(Type name) SUSAN NEMEC

☐ Candidate ☐ Chairperson (only for PC and PTY)

X Susan Nemec
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8 / 6 / 16 through 8 / 12 / 16 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/6/16	SUSAN NEMEC 7010 Pine Hollow Dr MT. DORA FL 32757	S		LOA	STAMPS		169.20
8/6/16	SUSAN NEMEC 7010 Pine Hollow Dr MT. DORA, FL 32757	S		LOA	ENVELOPS + TONER		55.30
8/11/16	JOE DIFORE 204 N. TRUMAN ST MT. DORA, FL 32757	I		CHE			$100.-
8/12/16	PAM BISANTI 150 S. CLAYTON ST MT. DORA FL 32757	I	Retired	INK	CLEAR PLASTIC BAGS		$107.05
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 8/6/16 through 8/12/16 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
8/8/16	SUSAN NEMEC 7010 PINE HOLLOW DR. MT. DORA, FL 32757	STAMPS ENVELOPS TONER	RMB		234.50
8/9/16	$ GTWRG TAVARES, FF	LUNCHEON Republican	CAN		16.00
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES