

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Tucker  
 Name  
 (2) 1826 Overlook Dr  
 Address (number and street)  
Mount Dora FL 32757  
 City, State, Zip Code

OFFICE USE ONLY

9-16-16  
11:23 AM

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 09 / 03 / 16 To 09 / 16 / 16 Report Type: 2016 G-2  
 Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks	\$	___	,	___	,	<u>150</u>	.	<u>00</u>
Loans	\$	___	,	___	,	___	.	___
Total Monetary	\$	___	,	___	,	<u>150</u>	.	<u>00</u>
In-Kind	\$	___	,	___	,	___	.	___

(7) Expenditures This Report

Monetary Expenditures	\$	___	,	___	,	<u>305</u>	.	<u>00</u>
Transfers to Office Account	\$	___	,	___	,	___	.	___
Total Monetary	\$	___	,	___	,	<u>305</u>	.	<u>00</u>

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_, 3,738. 83

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_, 1,830. 70

### (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

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

X John Tucker  
 Signature

X John Tucker  
 Signature

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

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

(3) Cover Period 09 / 03 / 16 through 09 / 16 / 16 (4) Page one of one

(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		
9 / 9 / 16  one	John Lemire PO Box 55044 Jacksonville FL 32216	I	Insurance		cash		\$ 150.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

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

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

3) Cover Period 09/03/16 through 09/16/16 (4) Page ONE of ONE

(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
09/09/16	JUST YARD SIGNS 4880 DISTRIBUTION CT ORLANDO FL 32822				\$305.00
ONE					
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