



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Catherine T. Hoechst

Name

(2) 601 McDonald St Unit 405

Address (number and street)

MOUNT DORA, FL 32757

City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

(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 08/13/16 To 08/25/16 Report Type: 2016 P9

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 700. —

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 700. —

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 110. —

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 110. —

### (8) Other Distributions

\$ \_\_\_\_\_, ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 6,885. —

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 3,281.89

### (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) Catherine T. Hoechst

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

X Catherine T. Hoechst

Signature

(Type name) Catherine T. Hoechst

Candidate  Chairperson (only for PC and PTY)

X Catherine T. Hoechst

Signature

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

(1) Name Catherine J. HOECHST

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

(3) Cover Period 08/13/14 through 08/25/14

(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
8/17/14	Son Publications 4645 Hwy 19A Mount Dora FL 32757	Ad in Seafood Festival Program	CAN	ADD	\$110.00
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