

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

OFFICE USE ONLY

11/3/16
8:30 AM

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) 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 10 / 15 / 14 To 10 / 21 / 14 Report Type: 2016 6-6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . —

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 200 . —

In-Kind \$ _____ , _____ , 65 . 68

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

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

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 8,660 . —

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 7,125 . 13

(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

Catherine T. Hoehst

X _____

Signature

(Type name) CATHERINE F HOECHST

Candidate Chairperson (only for PC and PTY)

Catherine F Hoehst

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Catherine T Hoechst (2) I.D. Number _____

(3) Cover Period 10 / 15 / 16 through 10 / 21 / 14 (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
10, 17, 14	KENT ALTTIS LAY 9032 LAURELWOOD	I		CHE			50-
1							
10, 17, 14	ANDREA BARR Baker Sr Mount Dora, FL 32757	I		CHE			100-
2							
10, 17, 14	CHARLES R CAMPBELL 1551 9th St. Mount Dora, FL 32757	I		CAS			50-
3							
10, 18, 14	MARIE RICE 60 RANDOLPH AVE Mount Dora, FL 32757	I		IN KIND	LUNCHEON MEETING		18-
4							
10, 18, 14	CATHERINE T HOECHST 601 McDONALD ST Mount Dora, FL 32757	I	CAN	IN KIND	POSTAGE		47.68
5							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CATHERINE T. HOECHST

(2) I.D. Number _____

(3) Cover Period 10 / 15 / 16 through 10 / 21 / 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
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