

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Catherine T. Hoechst  
Name

(2) 601 Mc DONALD ST UNIT 405  
Address (number and street)

MOUNT DORA, FL 32757  
City, State, Zip Code

OFFICE USE ONLY

11/3/16

8:38 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)
- 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 10 / 1 / 16 To 10 / 07 / 16 Report Type: 2016 G4

Original  Amendment  Special Election Report

### (6) Contributions This Report

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

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 8260 . —

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 5,985 . 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. Hoechst

Signature

(Type name) CATHERINE T. HOECHST

Candidate  Chairperson (only for PC and PTY)

Catherine T. Hoechst

Signature

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

(1) Name Catherine T. HOECHST (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/01/16 through 10/07/16 (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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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

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

(3) Cover Period 10 / 1 / 14 through 10 / 07 / 14 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
		Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
/ /							
/ /							
/ /							
/ /							
/ /							