

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
8:37 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 / 08 / 14 To 10 / 14 / 14 Report Type: 2016 65

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 100. —

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1,200. —

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

Total Monetary \$ _____ , _____ , 1,200. —

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 8460. —

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 7,185. 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 Hoechst
Signature

(Type name) CATHERINE T. HOECHST

Candidate Chairperson (only for PC and PTY)

Catherine Hoechst
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CATHERINE T HOECHST (2) I.D. Number _____

(3) Cover Period 10 / 08 / 14 through 10 / 14 / 14 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
10 / 9 / 14	JERRY HUGHES 601 MCDONALD UNIT 210 MOUNT DORA, FL 32757	I	RETIRED	CHE			200-
1							
10 / / 14	SUE ELLEN IBRAHIM 580 CHATAQUA MOUNT DORA, FL 32757	I			MEET & GREET		100-
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Catherine T. Horvath (2) I.D. Number _____
 (3) Cover Period 10 / 08 / 16 through 10 / 14 / 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
10/13/16 1	HENN HOUSE 205 N COLQUHOUN ST EVANS, FL 32724	POSTCARDS	POSTCARDS CAN		1200-
//					
//					
//					
//					
//					
//					
//					