

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Tucker
Name

(2) 1820 Overlook Dr
Address (number and street)

Mount Dora FL 32757
City, State, Zip Code



Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mount Dora City Council Dist 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 11 / 04 / 16 To 12 / 06 / 17 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 585. 68

Transfers to Office Account \$ _____

Total Monetary \$ _____, 585. 68

(8) Other Distributions
\$ _____, ~~3,160~~. ~~00~~

(9) TOTAL Monetary Contributions To Date
\$ _____, 5,401. 89

(10) TOTAL Monetary Expenditures To Date
\$ _____, 3,160. 14

(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 Tuck (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ONE of ____

(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
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no contributions

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

1) Name John Tucker (2) I.D. Number _____
 3) Cover Period ____/____/____ through ____/____/____ (4) Page ONE of _____

(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
11/15/16	Maura Dea Chamber 341 Alexander St Mount Dora FL 32757	Kiosk Rental	CAT		\$30.00
one					
1/1	First Natl Bank of Mount Dora Mount Dora FL 32757	BANK Fees for account			80.00
two					
01/24/17	John Tucker 1826 Overlook Dr Mount Dora FL 32757	Loan Repayment for campaign			475.68
three					
1/1					
1/1					
1/1					
1/1					
1/1					