

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

12-14-12 *JH*

(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 11 / 3 / 16 To 12 / 16 / 14 Report Type: FINAL

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 302.61

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

Total Monetary \$ _____, _____, 302.61

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,710 . —

(10) TOTAL Monetary Expenditures To Date

\$ _____, 8,710 . —

(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 T. Hoechst
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 11 / 3 / 14 through 12 / 15 / 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
/ /							
NONE							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Catherine T. Hecht

(2) I.D. Number _____

(3) Cover Period 11 / 3 / 16 through 12 / 15 / 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
12/3/16	KIWANIS CLUB OF MOUNT DELA FOUNDTION P.O BOX 1277 MOUNT DELA, FL 32757	CLOSING ACCOUNT	DIS CAN		\$302.61
1 /					
1 /					
1 /					
1 /					
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