

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Catherine T. Hoechst
Name

(2) 601 McDonan St. Unit 405
Address (number and street)

Mount Dora, FL 32757
City, State, Zip Code

OFFICE USE ONLY

received 10/25/16
12:50 pm

m.e.

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 / 15 / 16 To 10 / 21 / 14 Report Type: 2016 G-6

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 150. -

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 150. -

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, 635. -

(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 T 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 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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10, 17, 16	KEU + PHYLLIS LAY 9032 LAUREL RIDGE MOUNT DORA, FL 32757	I					\$50-
1							
10, 17, 16	ANDRA BOER Baker St MOUNT DORA, FL 32757	I	Retired				\$100-
2							
10, , 16	MARIE KENT GRANDVIEW AVE MOUNT DORA, FL 32757	I	Retired	IN KIND	LUNCHEON MEETING		\$18-
3							
10, 18, 16	CATHERINE HOECHST 601 McDOWAN ST UNIT 405 MOUNT DORA, FL 32757	I	CAN	IN KIND	POSTAGE		\$47.68
4							
1, 1							
1, 1							
1, 1							

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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