

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOHN TUCKER  
 Name  
 (2) 1826 OVERLOOK DR  
 Address (number and street)  
Mount Dora FL 32757  
 City, State, Zip Code



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Mount Dora City Council Dist 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if address has changed
- 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 09 1 03 1 16 To 09 1 14 1 16 Report Type: 2016

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 150.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 305.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 455.00

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 00

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 4,033.83

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1,525.20

### (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 TUCKER (2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 | 03 | 16 through 09 | 16 | 16 (4) Page ONE of ONE

(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							
9   9   16	John Lemine PO Box 55044 Jacksonville FL 32216	I	Insurance		CHE		\$ 150.00
ONE							
9   9   16	John Tucker 1826 Oxblood Ln Mount Dora FL	S			YARD Signs		305.00
2							
1   1							
1   1							
1   1							
1   1							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

1) Name John E Tucker

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 03 / 16 through 09 / 14 / 16

(4) Page one of one

(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
(6) Sequence Number					
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NO EXPENDITURES