

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Katherine Bellamy
 Name
 (2) 1306 Robie avenue
 Address (number and street)
Mount Dora. FL. 32757
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

FEB - 4 2019

BY: 4:30pm AJ

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

(4) Check appropriate box(es):
 Candidate Office Sought: Mt Dora At Large
 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 / 02 / 18 To 02 / 04 / 19 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 \$ _____ , _____ , 619. 68
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 619.. 68

(8) Other Distributions
 \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 1, 345 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 1, 345 . 00

(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:

<p>(Type name) <u>Katherine Bellamy</u></p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><u>X</u> _____ Signature</p>	<p>(Type name) <u>Katherine Bellamy</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><u>X</u> _____ Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Katherine Bellamy

(2) I.D. Number _____

(3) Cover Period 11/02/18 / _____ / _____ through 02/04/19 / _____ / _____

(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
(6) Sequence Number					
02/04/19 / / 1	Katherine Bellamy 1306 Robie Ave MOUNT DORA FL.32757	Partial reimbursement to self for campaign funds.	RMB		511.68
02/04/19 / / 2	Bank Of America 3200 County Road 44B MOUNT DORA Fl. 32757	Bank account charges for campaign account duration	CAN		108.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Katherine Bellamy

(2) I.D. Number _____

(3) Cover Period 11/02/18 / ____ / ____ through 02/04/19 / ____ / ____

(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
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