

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Austin Guenther
 Name
639 N. Alexander Street
 Address (number and street)
Mount Dora, Florida. 32757
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

AUG 06 2020

BY: 10:26 [Signature]

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

(4) Check appropriate box(es): Mount Dora City Council District 3

Candidate Office Sought: _____
 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 07/14/2020 / _____ To 07/31/2020 / _____ Report Type: MT 76

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100 . 00

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, 30 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 61 . 10

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

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 130 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 61 . 10

(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:

Michelle Villani
 (Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

[Signature]
 Signature

Austin Guenther
 (Type name)

Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Austin Guenther

(1) Name _____ (2) I.D. Number _____
 07/14/2020 07/31/2020 1 1
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
07/14/2020 / / 1	Austin Guenther 639 N. Alexander St Mount Dora, FL 32757	I		CAS			\$100.00
07/16/20 / / 2	Conceirge Media Solutions 485 Pomelo Avenue, Tavares, FL 32778	B		INK	FB Banner		\$30.00
/ / 3							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Austin Guenther

(2) I.D. Number _____

(3) Cover Period 07/14/2020 / _____ / _____ through 07/31/2020 / _____ / _____

(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					
07 14 / 20 / 1	City of Mount Dora 510 N. Baker Street Mount Dora, FL. 32757	assessment fee	CAN		61.10
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