

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stovelleo Stovall
 Name
 (2) 3416 Coleman Place
 Address (number and street)
Orlando, Florida 32805
 City, State, Zip Code

OFFICE USE ONLY

ORL CITY CLERK
 OCT 5 '17 PM 12:43

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Orlando City Commissioner District 5
 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 04 / 01 / 17 To 04 / 30 / 17 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 17 . 00
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 17 . 00

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

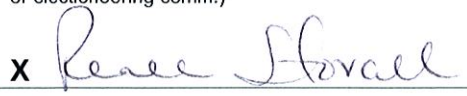
(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , _____ . _____


(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 17 . 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:

(Type name) Renee Stovall
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

 X _____
 Signature

(Type name) Stovelleo Stovall
 Candidate Chairperson (only for PC and PTY)

 X _____
 Signature