

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stovelleo Stovall

Name

(2) 3416 Coleman Place

Address (number and street)

Orlando, Florida 32805

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

ORL CITY CLERK
AUG 29 17 PML 11

(4) Check appropriate box(es):

Candidate Office Sought: Orlando City Commissioner District 5

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 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

\$ _____ , _____ , 100 . 00

(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 Renee Stovall

Signature

(Type name) Stovelleo Stovall

Candidate Chairperson (only for PC and PTY)

X Stovelleo Stovall

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Stovelleo Stovall

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 17 through 04 / 30 / 17

(4) Page _____ of _____

(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					
04 / 30 / 17	Bank of America P.O. Box 25118 Tampa, Florida 33622-5118			Add	\$17.00
01					