

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stavello 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 41 19

(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 06 / 01 / 17 To 06 / 19 / 17 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    \$ \_\_\_\_\_ , \_\_\_\_\_ , 66 . 00

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

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , 66 . 00

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

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

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 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:

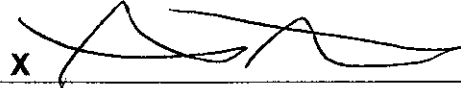
(Type name) Renee Stovall

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

X   
Signature

(Type name) Stavello Stovall

Candidate     Chairperson (only for PC and PTY)

X   
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Stovelley Stovall

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

(3) Cover Period 06 / 01 / 17 through 06 / 19 / 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					
06 / 01 / 17	Bank of America P.O. Box 25118 Tampa, Florida 33622-5118			Add	\$17.00
01					
06 / 14 / 17	Stovelley Stovall 3416 Coleman Place Orlando, Florida 32805		Refund		\$49.00
02					