CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	CATHERINE ZIMMER	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	4744 SE 35TH ST	Submitted on:				
	Address (number and street)	9/7/2017 11:55:15 (eastern)				
	OCALA, FL 34480 City, State, Zip Code					
	Check here if address has changed	(3) ID Number: 389				
(4)	Check appropriate box(es):	(e) 12 (value) 1				
(~)	☐ Candidate Office Sought: Mayor Ocala					
	☐ Political Committee (PC)	AND				
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)	_ onesk here if he other in or ne reports will be lined				
(5) Report Identifiers						
Cove	• • • • • • • • • • • • • • • • • • • •	9 / 1 / 2017 Report Type: G2				
		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
(0)	Contributions This Report	Monetary				
Cash	n & Checks \$, , 0 . 00	Expenditures \$, 1 , 359 . 71				
Loans \$,,, _0 . 00		Transfers to Office Account \$				
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00				
Tula	,,,,	Total Monetary \$, 1 ,359 . 71				
In-Ki	nd \$, , 0.00	,, ,, ,,				
		(8) Other Distributions				
		\$,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$	\$, <u>14</u> , <u>065</u> . <u>78</u>				
		tification son 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) (Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
Х		X				
	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Catherine Zimmer (2) I.D. Number 389						89	
	8/19/2017 9/1/2017 od / through / / (4) Page of0						
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	le	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	CATHERINE ZIMMER		(2) I.D. Number	389	
	8/19/2017	9/1/2017			
(3) Cover Pe	eriod / /	through / /	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/21/2017	TJM Promos, 511 NW 48th Terrace Ocala, FL 34482	promo items hand fans	MO		\$641.74
8/22/2017	Ocala StarBanner, 2121 SW 19th Ave Rd Ocala, FL 34471	ozcala event. advertising. vender pkg.	MO		\$200.00
8/27/2017	Amazon, PO Box 81226 Seattle, WA 98108	clear bags	МО		\$17.97
8/29/2017	Conexion Latina, PO Box 3841 Ocala, FL 34478	advertising	МО		\$500.00
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