CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Democratic Executive Committee of Lak							
	Name	ONLINE SUBMISSION						
(2)	4400 N. Hwy 19A; Suite 7	Submitted on:						
	Address (number and street)	3/21/2019 01:22:54 (eastern)						
	Mount Dora, FL 32757							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	Candidate Office Sought:							
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
	☐ Election learning Communications Org. (ECO) ☐ Party Executive Committee (PTY)	Check here if PTY has disbanded						
	Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cove	er Period: From 8 / 24 / 2018 To							
		ecial Election Report						
		T						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$, , ,0 . <u>00</u>	Expenditures \$, ,0 . 00						
1	s \$, , 0.00	Towards on the						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 0	Total Monetary \$. 0 . 00						
In-Ki	and \$, , 0.00	Total Monetary \$, , , 0 . 00						
In-Ki	nd	(8) Other Distributions						
		(8) Other Distributions \$, , 0 00_						
- W. Sanaha		Ψ , , <u> </u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$						
		tification on 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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Democratic Executive Committee of Lake Coun(2)/ I.D. Number 294								
	8/24/2018		9	/30/2018					
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	je <u>1</u>	of		
(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
8/24/2018	First National Bank of Mount D, PO Box 95			IN		Add	\$0.0		
1	Mount Dora, FL 32756								
l l									
1 1									
1 1									
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f I									
		,							
I I									
1 1									
DS-DE 13 (Rev. 11/1:	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Democ	ratic	Execut	ive Committ	ee of	f Lake	County	(2) I.D. Nun	nber	2	294	.00
		8/24/	2018		9/30/	2018						
(3) Cover Pe	eriod			through _				(4) Page	1	of	0	

(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	30 TO
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