CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Donald Shroyer	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	2803 Palmyra Ct.	Submitted on:						
	Address (number and street)	6/6/2017 06:34:31 (eastern)						
	St. Cloud, FL 34772 City, State, Zip Code							
		(2) 12 11 12 12 12 12 12 12 12 12 12 12 12						
	Check here if address has changed	(3) ID Number:260						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: St Cloud Counc	cil Member Seat 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						
	marvidua							
	(5) Report	Identifiers						
Cove	er Period: From $5 / 1 / 2017$ To	5 / 31 / 2017 Report Type: <u>M5</u>						
X O	original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$, , , 3500	Expenditures \$, , 0 . 00						
	s \$, , 0.00	- C						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Tota	Il Monetary \$, , 35 . 00	,,,						
1014	, , , , ,	Total Monetary \$, 0 . 00						
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,						
111		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(3)	\$, , 35 . 00	\$, , 0.00						
	, <u> </u>	,,,						
	(11) Cert							
	It is a first degree misdemeanor for any personal	• • • • • • •						
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)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Donald Shroyer (2) I.D. Number 260						
	5/1/2017		5	/31/2017			
(3) Cover Perio	od//	thro	ough	/31/2017 / / 1 of 1 (9) (10) (11) (12) Contribution Type In-kind Description Amendment Amount			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	20.00130.0040.000 (EV.LT) (VEHAVOR EV.ALL) (C.C.)		Amondment	A
Number	City, State, Zip Code Luquis, Patricia	Туре	Occupation educator/t		Description	Amendment	
5/7/2017	3941 Crosley Ave St. Cloud, FL 34772		eacher				,
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(1) Name Donald	AMPAIGN TREASURER'S F		D EXPENDITURES 2) I.D. Number		
	5/1/2017 5/ <u>/</u> <u>/</u> through	/31/2017	4) Page <u>1</u>		0
(5) Date (6) Sequence Number	(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)	(11)
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