CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Donald Shroyer	OFFICE USE ONLY						
	ONLINE SUBMISSION [1156073]						
(2) <u>2803 Palmyra Ct.</u> Address (number and street)	Submitted on:						
St. Cloud, FL 34772	6/6/2018 13:55:32 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>260</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: St Cloud Court	ncil 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						
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2018</u> To	5/ 31/ 2018 Report Type:M5						
☑ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,, <u>100</u> . <u>00</u>	Expenditures \$,,,						
Loans \$,,0.00	Transfers to						
	Office Account \$ _ , _ , _ 0 . 00						
Total Monetary \$, , <u>100</u> . <u>00</u>							
	Total Monetary \$, , , 0 . 00						
In-Kind \$,, 00							
	(8) Other Distributions \$ 0.00						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>3</u> , <u>725</u> . <u>00</u>	\$, <u>1</u> , <u>407</u> . <u>49</u>						
(11) Cer	tification						
(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, con	rect, and complete:						
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
X	<u>x</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Donald Shroyer		(2) I.D. Number					
5/1/2018		5	/31/2018				
od / /	thro	ough	11	(4) Pag	le	of	
(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind			
				110000 P119111110990	Amendment	Amount	
S&S Invetments, 1178 Broadway						\$100.0	
Kissimmee, FL 34741							
-							
_							
_							
	5/1/2018 od / / // Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code S&S Invetments, 1178 Broadway	5/1/2018 od / / thro (7) Full Name (Last, Suffix, First, Middle) Street Address & Co City, State, Zip Code Type S&S Invetments, B 1178 Broadway	5/1/2018 5 od / / through (7) (8) Full Name Contributor (Last, Suffix, First, Middle) Street Address & Street Address & Contributor City, State, Zip Code Type S&S Invetments, B 1178 Broadway S	5/1/2018 5/31/2018 od / / / / (7) (8) (9) Full Name Image: Contributor Contributor (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Type Occupation Type S&S Invetments, B investment CH 1178 Broadway S S S	5/1/2018 5/31/2018 od / / through / / (4) Pag (7) (8) (9) (10) Full Name Contributor Contributor In-kind (Last, Suffix, First, Middle) Street Address & Contributor Contribution Street Address & Contributor Contribution In-kind City, State, Zip Code Type Occupation Type S&S Invetments , B investment CH 1178 Broadway S S S	5/1/2018 5/31/2018 od / / through / / (4) Page 1 (7) (8) (9) (10) (11) Full Name Image: Contributor Image: Contributor Image: Contributor (Last, Suffix, First, Middle) Street Address & Contributor Contribution In-kind Street Address & Contributor Contribution Type Description Amendment S&S Invetments , B investment CH Street Street Street	

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Donald Shroyer (2) I.D. Number 260						
(3) Cover Period	5/1/2018 // /through	5/31/2018	(4) Page <u>1</u>	of	0	
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)	
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount	
//						
_/ /						
_/ /						
//						
_/ /						
11						

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