

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christopher Cloudman  
Name

(2) 1275 S. Boston Ave  
Address (number and street)

DeLand, FL 32724  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1245562]

Submitted on:  
5/3/2021 15:56:42 (eastern)

Check here if address has changed

(3) ID Number: 732

(4) Check appropriate box(es):

- Candidate Office Sought: DeLand Mayor/Seat 1
- 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 4 / 1 / 2021 To 4 / 30 / 2021 Report Type: M4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   1   , 000 . 00

Loans \$        ,        ,   0 . 00

Total Monetary \$        ,   1   , 000 . 00

In-Kind \$        ,        ,   0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,   0 . 00

Transfers to Office Account \$        ,        ,   0 . 00

Total Monetary \$        ,        ,   0 . 00

### (8) Other Distributions

\$        ,        ,   0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,   7   , 350 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,   0 . 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) \_\_\_\_\_

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

X \_\_\_\_\_  
Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher Cloudman (2) I.D. Number 732

(3) Cover Period 4/1/2021 through 4/30/2021 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
4/14/2021 / /	FloridaWild Veterinary Hospit., 115 E Euclid Avenue DeLand, FL 32724	B	veterinary medicine	CH			\$1,000.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher Cloudman

(2) I.D. Number 732

(3) Cover Period 4/1/2021 through 4/30/2021

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					