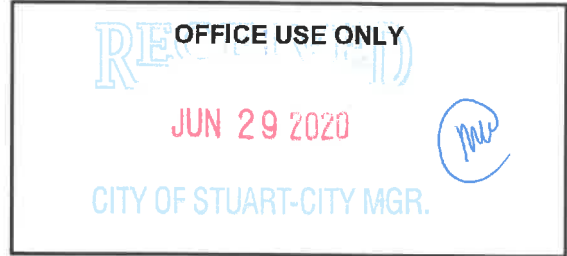


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Troy McDonald
 Name
 (2) 308 SW Dyer Drive
 Address (number and street)
Stuart, Florida 34994
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Stuart City Commission. Group 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 01 / 2020 To 06 / 12 / 2020 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , n/a . _____

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , n/a . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 205 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 205 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 8 275 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 421 . 52

(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) Troy McDonald

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

X _____
 Signature

(Type name) Troy McDonald

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Troy McDonald

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2020 through 06 / 12 / 2020

(4) Page 1 of 1

(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					
06 / 08 / 20	City of Stuart 121 SW Flagler Ave Stuart, FL 34994	MON Filing Fee	MON MON	ADD	205.00
1					
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