

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Dr. Katrina V. Touchstone  
 Name  
 (2) 4821 SW 20th Street  
 Address (number and street)  
West Park, FL 33023  
 City, State, Zip Code



Check here if address has changed

(3) ID Number: M5

(4) Check appropriate box(es):

- Candidate Office Sought: City Commission West Park, 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 05/01/18 To 05/31/18 Report Type: M5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 500.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 500.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (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

\$ \_\_\_\_\_, \_\_\_\_\_, 500.00

### (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) Loretta Williams

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

X [Signature]  
 Signature

(Type name) Dr. Katrina V. Touchstone

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name DR. Katrina Touchstone (2) I.D. Number M5

(3) Cover Period 05 / 01 / 18 through 05 / 31 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
05 / 07 / 18	Katrina Touchstone 4821 SW 20th ST West Park, FL 33083	S	Pharmacist	LOA			\$ 500.00
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