

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kim Devine
Name

(2) 751 W. Retta Esplanade
Address (number and street)

Punta Gorda, FL 33950
City, State, Zip Code

OFFICE USE ONLY

09-15-14P01:23 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 1
- 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 6 / 21 / 14 To 9 / 18 / 14 Report Type: TRG

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ 0 , 0 , 0 . 0

Total Monetary \$ 0 , 0 , 0 . 0

In-Kind \$ 0 , 0 , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ 5 , 3 , 5 . 0
(\$ 53.50)

Transfers to Office Account \$ 0 , 0 , 0 . 0

Total Monetary \$ 0 , 0 , 0 . 0

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ _____ \$134.00

(10) TOTAL Monetary Expenditures To Date
\$ _____ \$134.00

(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

(Type name) Kim Devine
 Candidate Chairperson (only for PC and PTY)

X
Signature

Kim Devine
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kim Devine (2) I.D. Number _____
 (3) Cover Period 6/21/14 through 9/18/14 (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					
8/25/14	Kim Devine	Account	DIS		\$53.50
1		Usage			
///					
///					
///					
///					
///					
///					
///					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kim Devine (2) I.D. Number _____

(3) Cover Period 6 / 21 / 14 through 9 / 18 / 14 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
/ /	No Activity						
/ /							
/ /							
/ /							
/ /							
/ /							