

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Karl Flagg
Name
(2) 1700 Oak ST
Address (number and street)
Palatka, FL 32177
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1052936]
Submitted on:
2/4/2013 21:23:45 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 186

(4) Check appropriate box(es):
 Candidate (office sought): Bd of County Comm Dist 3
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS
 Cover Period: From 4/1/2012 To 7/6/2012 Report Type F1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>55.77</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>55.77</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 17,460.77

(10) TOTAL Monetary Expenditures To Date
\$ 17,460.77

(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
---	---

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Karl Flagg (2) I.D. Number 186

4/1/2012 through 7/6/2012

(3) Cover Period / / through / / (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
6/14/2012 / /	Jones, Abram S P.O. Box 306 East Palatka, Fl 32131	I		CA		Delete	\$20.00
1							
6/14/2012 / /	Jones, Abram S P.O. Box 306 East Palatka, Fl 32131	I		CA		Add	\$25.77
2							
6/14/2012 / /	Flagg, Kandyce N 1700 Oak ST Palatka, FL 32177	I		CA		Add	\$50.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karl Flagg

(2) I.D. Number 186

(3) Cover Period 4/1/2012 through 7/6/2012

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