

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

(1) Kevin Hyde WD
Name
 (2) 3545 Pine Street
Address (number and street)
Jacksonville, FL 32205
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1026043]
 Submitted on:
 12/2/2010 09:18:36 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 203

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

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2010 To 9/30/2010 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 275.00
 Loans \$ 0.00
 Total Monetary \$ 275.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 32,486.89
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 32,486.89

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 92,516.00

(10) TOTAL Monetary Expenditures To Date
 \$ 54,554.24

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(1) Name Kevin Hyde WD (2) I.D. Number 203

7/1/2010 through 9/30/2010

(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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
8/11/2010 / /	Maida, Thomas J. P. O. Box 1819 Tallahassee, FL 32302	I	attorney	CH		Add	\$250.00
1							
8/11/2010 / /	Cox, Martha 903 Jasmine Place Jacksonville, FL 32205	I	homemaker	CA		Add	\$25.00
2							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kevin Hyde WD
7/1/2010 through 9/30/2010

(2) I.D. Number 203
 (4) Page 1 of 2

(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
7/11/2010 //	Vox Populi Communications, 4495-304 Roosevelt Blvd. Suite 195 Jacksonville, FL 32210	consulting	MO	Add	\$2,500.00
1					
8/11/2010 //	Cox Radio, 8000 Belfort Parkway Suite 100 Jacksonville, FL 32256	hob knob registration	MO	Add	\$300.00
2					
8/11/2010 //	Direct Mail Systems, 220 East Virginia Street Tallahassee, FL 32301	design and printing	MO	Add	\$316.97
3					
8/18/2010 //	Vox Populi Communications, 4495-304 Roosevelt Blvd. Suite 195 Jacksonville, FL 32210	expense reimbursement-- printing	MO	Add	\$317.57
4					
8/18/2010 //	Spectrum Signs, 6950 Philips Highway Jacksonville, FL 32216	banner	MO	Add	\$112.35
5					
8/18/2010 //	Wingard Creative, 1022 Park Street Jacksonville, FL 32204	design and layout	MO	Add	\$95.00
6					
9/24/2010 //	Hyde, Kevin One Independent Drive Suite 1300 Jacksonville, FL 32202	loan repayment	MO	Add	\$25,000.00
7					
9/24/2010 //	Vox Populi Communications, 4495-304 Roosevelt Blvd. Suite 195 Jacksonville, FL 32210	consulting	MO	Add	\$1,500.00
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kevin Hyde WD

(2) I.D. Number 203

(3) Cover Period 7/1/2010 through 9/30/2010

(4) Page 2 of 2

(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					
9/24/2010 //	Hyde, Kevin One Independent Drive Suite 1300 Jacksonville, FL 32202	expense reimbursement	MO	Add	\$2,345.00
9					
//					
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