	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kimberly Daniels	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	121 Schooner Key Place	Submitted on:								
	Address (number and street)	2/20/2015 15:13:11 (eastern)								
	Jacksonville, FL 32218									
	City, State, Zip Code	(2) 17 11 1 2 2 2 2								
	Check here if address has changed Check appropriate box(es):	(3) ID Number: 575								
(4)										
	<ul> <li>☐ Candidate Office Sought: City Council At Large Group 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 2 / 14 / 2015 To	2 / 20 / 2015 Report Type: F4								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , ,000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 000	Total Monetary \$ , 8 ,445 . 52								
In-Ki	ind \$,,	,,,,								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$, _115_, _74500									
(T	(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  Treasurer Deputy Treasurer or electioneering comm.)									
_X		X								
Si	gnature	Signature								

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

(1) Name _	Kimberly Daniels				2) I.D. Numbe	r5	575
	2/14/2015		2	/20/2015		-	0
(3) Cover Pe	riod / /	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1							
1 1							
1 1							
1 1							
I I							
1 1							
J I							
1 1							
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _K	Timberly Da	aniel	.s					(2)	I.D. Numb	er	5	575	-
	2/14	/201	5		2/20	/201	5						
(3) Cover Pe	eriod /		1	through	1	1	1	(4)	Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/19/2015	Rumlin Insurance Agency, 5600 New Kings Rd #4 Jacksonville, FL 32209	liability insurance for campaign headquarters	МО		\$667.91
2/19/2015	Parrish, Sebrena 221 North Hogan Street Jacksonville, FL 32221	lunch event	МО		\$200.00
2/18/2015	Cox Media Group, 8000 Belfort Parkway Jacksonville, FL 32256	hobnob	МО		\$300.00
2/18/2015	Hoescheles, Peter 325 Southwest Sweetbreeze Drive Lake City, FL 32024	printing	МО		\$400.00
2/17/2015	Hall, Bradford P.O. Box 12196 Jacksonville, FL 32209	campaign	МО		\$5,000.00
2/17/2015	Hall, Bradford P.O. Box 12196 Jacksonville, FL 32209	campaign fee	МО		\$1,500.00
2/18/2015	Gate Gas Station, 570 Busch Drive Jacksonville, FL 32218	campaign vehicle	МО		\$74.61
2/17/2015 / / 8 DS-DE 14 (Rev.	Popeyes, 7606 Lem Turner Road Jacksonville, FL 32208	food for campaign volunteers	МО		\$303.00