	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Kimberly Daniels	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	121 Schooner Key Place	[1087607]								
	Address (number and street)	Submitted on:								
	Jacksonville, FL 32218	5/7/2015 17:27:31 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:575								
(4)	Check appropriate box(es):									
	<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 $\frac{4}{2015}$ To									
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$ , , ,000	Monetary								
Loar	s \$,, <u>430</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , <u>430</u> . <u>00</u>	Total Monetary \$ , -8 ,430 .00								
In-Ki	nd \$,,,0 . 00									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>116</u> , <u>565</u> . <u>00</u>	\$, <u>76</u> , <u>117</u> . <u>16</u>								
	(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	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Sig	gnature	Signature								

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

(1) Name	Kimberly Da	aniels			(2	) I.D. Number		575	
	4/18/2	2015		4/24/2	2015				
(3) Cover Perio	d /	1	through	1	1	(4) Page	1	of $\frac{1}{2}$	

1000	4					T T	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
4/21/2015 /	Frisch, Mark and Meredith 620 Beach Avenue		company executive	СН	2	Delete	\$1,000.00
1	Atlantic Beach, FL 32233						
4/21/2015 / /	Frisch, Mark 620 Beach Avenue Atlantic Beach, FL 32233	I	company executive	СН		Add	\$1,000.00
2							
4/22/2015	Daniels, Kimberly N	I S	elected	LO	repayment	Add	\$-8,430.00
4/23/2015	121 Schooner Key Place Jacksonville, FL 32218		official		of loan		
3							
I I							
1 1							
1 1							
1 1							
1 1							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Kimberl	y Dani	els				 (2) I.D. Nun	nber	Ę	575	
	4	1/18/2	015		4/24/20	)15		-			
(3) Cover P	eriod	I	1	through	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
4/23/2015	Daniels, Kimberly M 121 Schooner Key Place Jacksonville, FL 32218	repayment of loan	МО	Delete	\$8,430.00
1					
4/23/2015	Daniels, Kimberly M 121 Schooner Key Place Jacksonville, FL 32218	repayment of loan	МО	Add	\$0.00
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//					
DS DE 14 / Pay	L	1			