

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kimberly Daniels
Name

(2) _____
Address (number and street)

Jacksonville, FL

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
ONLINE SUBMISSION
[1058945]

Submitted on:
2/5/2014 19:55:17 (eastern)

(3) ID Number: _____ 575

(4) Check appropriate box(es):

Candidate Office Sought: City Council At Large Group 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 1 / 1 / 2014 To 1 / 31 / 2014 Report Type: M1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 1 , 250 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 1 , 250 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 51 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0 . 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

X _____
Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kimberly Daniels (2) I.D. Number 575
 1/1/2014 through 1/31/2014
 (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) Sequence Number		Type	Occupation				
1/14/2014 / /	Powell International INC, 219 Newman Street Jacksonville, FL 32202	B	insurance broker	CH			\$250.00
1							
1/14/2014 / /	Fitzhugh K. Powell Trust UAD, P.O. Drawer 41490 Jacksonville, FL 32203	B	retired trustee	CH			\$500.00
2							
1/14/2014 / /	FKP LTD, P.O. Drawer 41490 Jacksonville, FL 32203	B	car dealer	CH			\$250.00
3							
1/14/2014 / /	Cecil W. Powell & Company, 219 Newman Street P.O. Drawer 41490 Jacksonville, FL 32203	B	financial planner	CH			\$250.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kimberly Daniels

(2) I.D. Number 575

(3) Cover Period 1/1/2014 through 1/31/2014

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