

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kimberly Daniels
 Name

 Address (number and street)
Jacksonville, FL

 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1063670]

Submitted on:
 5/19/2014 14:50:00 (eastern)

Check here if address has changed

(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) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 4 / 1 / 2014 To 4 / 30 / 2014 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , -500.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , -500.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , -500.00

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , -500.00

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 107 , 685.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 5 , 125.00

(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

(3) Cover Period 4/1/2014 through 4/30/2014 (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 Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
4/25/2014 / /	Friends of Corrine Brown, P.O. Box 40087 Jacksonville, Fl 32203	C		RE		Add	\$-500.00
1							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kimberly Daniels

(2) I.D. Number 575

(3) Cover Period 4/1/2014 through 4/30/2014

(4) Page 1 of 1

(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					
4/25/2014 / /	Friends of Corrine Brown, P.O. Box 40087 Jacksonville, Fl 32203	campaign account	RE	Delete	\$500.00
1					
4/25/2014 / /	Friends of Corrine Brown, P.O. Box 40087 Jacksonville, Fl 32203	campaign account	RE	Add	\$0.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
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