

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

(1) Kimberle B. Weeks
Name
 (2) 3056 County Road 305
Address (number and street)
Bunnell, FL 32110
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1050714]
 Submitted on:
 12/5/2012 13:23:58 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 243

(4) **Check appropriate box(es):**
 Candidate (office sought): Supervisor of Elections
 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 10/13/2012 To 11/1/2012 Report Type G4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>-4.12</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-4.12</u>
In-Kind	\$	<u>4.12</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 17,571.00

(10) TOTAL Monetary Expenditures To Date
 \$ 13,065.13

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

(1) Name Kimberle B. Weeks **(2) I.D. Number** 243
 10/13/2012 through 11/1/2012
(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
10/26/2012 / /	Weeks, Kimberle B. 3056 CR 305 Bunnell, FL 32110	S elected official	CA	labels/rec ords	Delete	\$1.22
1						
10/26/2012 / /	Weeks, Kimberle B. 3056 CR 305 Bunnell, FL 32110	S elected official	IK	labels/rec ords	Add	\$1.22
2						
10/26/2012 / /	Weeks, Kimberle B. 3056 CR 305 Bunnell, FL 32110	S elected official	CA	labels/rec ords	Delete	\$2.90
3						
10/26/2012 / /	Weeks, Kimberle B. 3056 CR 305 Bunnell, FL 32110	S elected official	IK	labels/rec ords	Add	\$2.90
4						
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kimberle B. Weeks

(2) I.D. Number 243

(3) Cover Period 10/13/2012 through 11/1/2012

(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					
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