	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Kevin John Foley	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1278867]								
(2)	4 Eastlake Dr.	Submitted on:								
	Address (number and street) Palm Caost, Fl 32137	8/30/2022 15:29:14 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 609								
(4)	Check appropriate box(es):									
•	☐ Candidate Office Sought: Grand Haven C	DD Seat 3								
	Political Committee (PC)	Charlebone is DO as ECO has disbonded								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded								
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	er Period: From $6 / 18 / 2022$ To	9 / 15 / 2022 Report Type: TRQ								
X O	original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	-	Monetary								
Casl	h & Checks \$, , 0 . 00	Expenditures \$, 1 , 000 . 00								
Loar	ns \$, , 0.00	Transfers to								
		Office Account \$, , 0 . 00								
Tota	Il Monetary \$, , 0 . 00									
		Total Monetary \$,1 , <u>000</u> . <u>00</u>								
In-Ki	ind \$,,, <u>0</u> 00									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, _ <u>1</u> , <u>000</u> . <u>00</u>	\$, <u>1</u> , <u>000</u> . <u>00</u>								
	(11) Certification									
	It is a first degree misdemeanor for any person									
I certify that I have examined this report and it is true, correct, and complete:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kevin John Foley		(2) I.D. Number 609								
	6/18/2022		9	/15/2022							
(3) Cover Perio	od//	thro	ough	11	(4) Page	<u> </u>	of				
				r							
(5)	(7)		(8)	(9)	(10)	(11)	(12)				
Date	Full Name										
(6)	(Last, Suffix, First, Middle)	_		_							
Sequence	Street Address &		ontributor	Contribution	In-kind	A manual alamant					
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount				
1 1											
F 3											
1 1											
1 1											
1 1											
1 1											
, .											
J I											
1 1											
1 1											
99 1 1											

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _K	Cevin	John	Fo	ley					 (2) I.D. Nu	ımber_		609	
		6/18	/20	22		9/15/	/202	2		-			
(3) Cover Pe	eriod	1		1	through	1		1	(4) Page	1	of	1	

	(7)	(8)	(9)	(10)	(11)
(5) Date (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
8/30/2022	Foley, Kevin John 4 Eastlake Drive Palm Coast, Fl 32137	to refund money loaned to my campaign. no other	RE		\$1,000.00
1		expenditures.			
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DS-DE 14 (Rev					