

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kim M. Carney  
 Name  
 (2) 2001 Palm Drive; Unit D104  
 Address (number and street)  
Flagler Beach, FL 32136  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1315678]

Submitted on:  
 7/9/2024 09:30:25 (eastern)

Check here if address has changed (3) ID Number: 653

(4) Check appropriate box(es):

Candidate Office Sought: County Commission District 3

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 6 / 15 / 2024 To 6 / 28 / 2024 Report Type: P2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , -30 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , -30 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 30 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 30 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 27 , 805 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 9 , 865 . 55

### (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 Kim M. Carney (2) I.D. Number 653

6/15/2024 through 6/28/2024

(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
6/20/2024 / /	Supervisor, of Elections PO Box 901 Bunnell, FL 32110	S	realtor	CA		Add	\$-30.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kim M. Carney

(2) I.D. Number 653

(3) Cover Period 6/15/2024 through 6/28/2024

(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					
6/21/2024 //	Supervisor of , Elections  PO Box 901 Bunnell, FL 32110	vbm list	MO	Add	\$30.00
1					
//					
//					
//					
//					
//					
//					
//					
//					