	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Kim R. Barrineau	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	PO Box 2710	Submitted on:								
	Address (number and street)	8/3/2020 17:15:18 (eastern)								
	Clewiston, FL 33440  City, State, Zip Code									
		(2) ID Nimbon 141								
/ A\	Check here if address has changed	(3) ID Number:141								
(4)	Check appropriate box(es):	_								
		t								
		☐ 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								
	mulvidual making electioneering communications,									
	(5) Report	dentifiers								
Cove	rer Period: From 6 / 13 / 2020 To	9 / 10 / 2020 Report Type: TRQ								
X O		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	-	Monetary								
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , 46 . 35								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to								
	*	Office Account \$ , , , 0 . 00								
Tota	al Monetary \$ , ,000									
	0.00	Total Monetary \$ , , _46 . 35								
In-Ki	ind \$,, <u>0</u> .00									
	1	(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>100</u> 00	\$, ,, , _10000								
		·								
	(11) Cert									
	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 Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х	:	X								
	ignature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kim R. Barrineau (2) I.D. Number 141								
	6/13/2020 od////		9	/10/2020 //	(4) Pag			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
J I					·			
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name <u>K</u>	im R.	Barrine	au				 (2) I.D. Nun	nber	1	L <b>4</b> 1	
		6/13/20	20		9/10/20	20					
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
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
8/3/2020	Center State Bank, 45 Bridge St LaBelle, Fl 33935	bank fees for june	МО		\$7.95
1					
8/3/2020	Barrineau, Kim R P.O. Box 2710 Clewiston, Fl 33440	balance of account after closing	RM		\$38.40
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev	4440 1				