	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Natalie Kahler	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1187841]								
(2)	941 Cedar Dr	Submitted on:								
	Address (number and street) Brooksville, FL 34601	5/10/2019 06:42:53 (eastern)								
	City, State, Zip Code	<del></del>								
	Check here if address has changed	(3) ID Number: 470								
(4)	Check appropriate box(es):									
<ul> <li>☐ Candidate Office Sought: County Commission, Dist 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>										
	(5) Report	Identifiers								
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2019}$ To	4 / 30 / 2019 Report Type: M4								
X O	Original ☐ Amendment ☐ Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$ , , <u>300</u> . <u>00</u>	Monetary Expenditures \$ , , <u>273</u> . <u>00</u>								
Loar		Transfers to Office Account \$ , , , 0 . 00								
	al Monetary \$,, 300 . 00	Total Monetary \$ , , <u>273</u> . <u>00</u>								
In-Ki	ind \$ , , 0 . <u>00</u>	(8) Other Distributions \$ , , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$ , , , , (10) TOTAL Monetary Expenditures To Date \$ , , , , 00_									
(Ty	(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									
X Si	ignature	X Signature								

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

(1) Name	Natalie Kahler	(2) I.D. Number 470								
4/1/2019				/30/2019						
(3) Cover Perio	od//	thro			(4) Page	1	of 1			
11040 MR		,	1900							
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)									
Sequence	Street Address &	-	ontributor	Contribution	In-kind					
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount			
4/26/2019	Kahler, Natalie 941 Cedar Dr	S	teacher	CH			\$300.0			
1	Brooksville, FL 34601									
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _1	Natalie	Kahle	er				 (2) I.D. Nun	nber	4	170	
	4	4/1/20	19		4/30/20	)19	**	-			
(3) Cover P	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
1	Hernando County REC, PO Box 6650 Spring Hill, FL 34611	lincoln day dinner tickets	MO		\$198.00
4/26/2019	GFWC Historic Women's Club, 131 S Main Street Brooksville, FL 34601	clubhouse rental for may fundraiser	МО		\$75.00
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