	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Chris Kingsley	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	4732 Hickory Oak Dr.	[1271871]								
	Address (number and street)	Submitted on: 7/28/2022 19:03:51 (eastern)								
	Brooksville, Fl 34601	(eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 533								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Brooksville City Council Member, Seat 4</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 16 / 2022 To	7 / 22 / 2022 Report Type: P4								
X o	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,,,	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$ , , <u>543</u> . <u>57</u>								
In-Ki	nd \$ , , 0 . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>1</u> , <u>385</u> . <u>01</u>								
(T <u>)</u>	It is a first degree misdemeanor for any person ertify that I have examined this report and it is true, corresponding to the same of the s	ect, and complete:  (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Sig	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Chris Kingsley				2) I.D. Numbe	r5	33			
	7/16/2022		7	7/22/2022						
(3) Cover Perio		thro	ough	<i>I I</i>	(4) Pag	e	of			
				T						
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)	_	D-24	0 11 1	Day 125 and					
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount			
Number	City, State, Zip Code	Туре	Occupation	туре	Description	Amendment	Amount			
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Chris	. King	sle	У				 (2) I.D. Nun	nber	5	533	
	7/16/	202	22		7/22/2	022					
(3) Cover Period	1		1	through	1	1	(4) Page	1	of	1	

(5) Date    Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code   Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code   Full Name (add office sought if contribution to a candidate)   Expenditure Type   Amendment	(11)
Spring Hill, FL 34606	Amount
	\$543.57
DS-DE 14 (Rev. 11/13 )	