

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Patricia &#34;Pat&#34; Kemp  
 Name  
 (2) 5605 Seminole Ave  
 Address (number and street)  
Tampa, FL 33604  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1224130]

Submitted on:  
 8/7/2020 21:49:41 (eastern)

Check here if address has changed

(3) ID Number: 1817

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, Dist. 6
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  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

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2020 To 5 / 31 / 2020 Report Type: M5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 125 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 125 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 107 , 534 . 90

### (10) TOTAL Monetary Expenditures To Date

\$      , 16 , 378 . 83

### (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 EXPENDITURES**

(1) Name Patricia &#34;Pat&#34; Kemp

(2) I.D. Number 1817

(3) Cover Period 5/1/2020 /      /      through 5/31/2020 /      /     

(4) Page 1 of 0

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
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