CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Patricia "Pat" Kemp	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	5605 Seminole Ave	Submitted on:					
	Address (number and street)	8/7/2020 09:57:36 (eastern)					
	Tampa, FL 33604 City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 1817					
(4)	Check appropriate box(es):						
	(5) Report	Identifiers					
Cove	er Period: From 7 / 18 / 2020 To						
	original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	Cash & Checks \$,1 , 500 . 00 Monetary Expenditures \$, , 0 . 00						
Loar		Transfers to Office Account \$, , , 0 . 00					
Tota	Il Monetary \$,1 , <u>500</u> . <u>00</u>	Total Monetary \$. 0 . 00					
In-Ki	ind \$, , 0.00	Total Monetary \$, , 0 . 00					
		(8) Other Distributions \$, , 000_					
(9)	(9) TOTAL Monetary Contributions To Date \$, 105_, 842 \cdot 20 \$ \$, 16_, 378 \cdot 83						
(T)	(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	gnature	X Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Patricia "Pat" Kemp				(2) I.D. Number					
	7/18/202	20		7/24/	2020		1		1
(3) Cover Period	<i>f</i>	_ /	through	/	1	(4) Page	<u>+</u>	_ of _	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
7/23/2020	Rebublic Services of Florida, 8619 Western Way	В	solid waste	СН	54	Add	\$1,000.00
1	Jacksonville, FL 32256						
7/24/2020	Mitchel Law Group, P.A., Trinity I 1319 W Fletcher Tampa, FL 33602	В	attorney	СН		Add	\$500.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Patricia "Pat" Ke	(2) I.D. Number		1817	
(3) Cover F	7/18/2020 Period / / throu	7/24/2020 gh/_//	(4) Page1	of _	0
(5)	(7)	(8)	(9)	(10)	(11)

(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
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