CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kimberly Dianne Overman	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	701 S. Howard Avenue; #106-812	Submitted on:							
	Address (number and street)	6/11/2022 15:05:04 (eastern)							
	Tampa, FL 33606								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 2103							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: County Commissioner, Dist. 7 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 								
	(5) Report	Identifiers							
Cov	er Period: From <u>5</u> / <u>1</u> / <u>2022</u> To								
	riginal 🖾 Amendment 🗌 Spr	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$,,	Total Monetary \$, , _98 . <u>18</u>							
In-Ki	ind \$, , 0 . <u>00</u>								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ _\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\								
(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 Deputy Treasurer								
X		_X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kimberly Dianne Ove	rman			2) I.D. Numbe	er	103
	5/1/2022			/31/2022			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e <u>1</u>	of
				7			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)		and halfe on here	0	Due tobasel		
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Type	Occupation	туре	Description	2.31101141110111	Amount
1							
<i></i>							
3							
1							
599 527							
1 1							
1							
<i>I I</i>							
1							
1 3							
J I							
1 1							
			2				
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Kimberly	Dianne	e Over	man			 (2) I.D. Num	nber	2	2103	.00
	5/	/1/2022			5/31/2	2022		-			
(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
5/10/2022	Vantiv , 8500 Governors Hill Dr Symmes Twp, OH 452491384	credit card processing fees	MO		\$62.01
5/4/2022	ActBlue , PO Box 441146 West Somerville, MA 021440031	credit card processing fees	МО	Add	\$36.17
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.					,