

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) LESLIE K KINSEY

OFFICE USE ONLY 423

Name

(2) P O BOX 1662, FORT MYERS, FL 33902

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) **Check appropriate box(es):**

Candidate (office sought): IONA-MCGREGOR FIRE-2

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11/2/2012 To 2/4/2013 Report Type TRG

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 542.88

Transfers to Office Account \$ 0.00

Total Monetary \$ 542.88

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,690.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,164.41

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LESLIE K KINSEY (2) I.D. Number 423

11/2/2012 through 2/4/2013

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LESLIE K KINSEY

(2) I.D. Number 423

(3) Cover Period 11/2/2012 through 2/4/2013

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/8/2012 //	Kinsey, Leslie 1230 Westfield Dr. Fort Myers, Fl 33919	repayment	MO		\$50.00
1					
12/28/2012 //	Our Mother's Home, Leslie 18011 Tamiami Trail #16-106 Fort Myers, FL 33908	contribut charitable ion	MO		\$290.00
2					
12/28/2012 //	Animal Refuge Center, Leslie PO Box 6642 Fort Myers, FL 33911	contribut charitable ion	MO		\$202.88
3					
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