

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KIMBERLY HURLEY
Name

(2) 8191 COLLEGE PKWY; #301
Address (number and street)

FORT MYERS, FL 33919
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1117929]

Submitted on:
8/5/2016 23:13:35 (eastern)

Check here if address has changed

(3) ID Number: 1230

(4) Check appropriate box(es):

- Candidate Office Sought: SCHOOL BOARD-2
- 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 7 / 23 / 2016 To 7 / 29 / 2016 Report Type: P4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 100 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 100 . 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

\$, 5 , 410 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 023 . 73

(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 KIMBERLY HURLEY

(2) I.D. Number 1230

(3) Cover Period 7/23/2016 through 7/29/2016

(4) Page 1 of 0

(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
(6) Sequence Number					
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