CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Kristin Elizabeth Dozier	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	PO Box 5651	Submitted on:						
	Address (number and street)	7/19/2022 07:27:53 (eastern)						
	Tallahassee, FL 32314							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:660						
(4)	Check appropriate box(es):							
	 ☐ Candidate Office Sought: Tallahassee City Commission - Seat 4/Mayor ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 							
	(5) Report	Identifiers						
Cov	er Period: From 6 / 18 / 2022 To							
	riginal Amendment Spo	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 \$, ,000	Total Manadama (0)						
In-K	ind \$,, <u>0</u> . <u>00</u>	Total Monetary \$, , 0 . 00						
		(8) Other Distributions \$, , <u>0</u> 00_						
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc							
(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		_X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kri	Dozier		(2		660				
	6/18/20	22		7/1/2	022				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) Contributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
6/18/2022	angelos, joanna 2079 ox bottom rd tallahassee, fl 32312	Ī	small business owner	СН	57	Delete	\$250.0
6/18/2022	angelos, joanna 2079 ox bottom rd tallahassee, fl 32312	I	artist	СН		Add	\$250.(
6/18/2022	chee, christopher 1102 dreamcatcher ct tallahassee, fl 32311	I	small business owner	СН		Delete	\$200.(
6/18/2022	chee, christopher 1102 dreamcatcher ct tallahassee, fl 32311	I	notary pub undrwrtrs) CH		Add	\$200.
6/18/2022	allen, nigel 2712 everett ln tallahassee, fl 32308	I	president	СН		Delete	\$250.
6/18/2022	allen, nigel 2712 everett ln tallahassee, fl 32308	I	tmh foundatior pres.	CH 1		Add	\$250.
f I							
1 1							

Name KIIS	in Elizabeth Dozier 6/18/2022 7,	/1 /2022	(2) I.D. Number660				
Cover Period	/through		(4) Page1	of	0		
(5) Date (6) Sequence Number	(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)	(11)		
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SS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES								