

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

(1) Kim O'Connor

**OFFICE USE ONLY** 142

**Name**

(2) P.O. Box 20332, 406 Essex Drive, Tallahassee, FL 32316-0332

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

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

**Candidate (office sought):** Tallahassee City Commission - Seat 4/Mayor

**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 9/2/2006 To 12/4/2006 / Report Type TR-P

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      \$ \_\_\_\_\_ 0.00

Transfers to Office Account      \$ \_\_\_\_\_ 0.00

Total Monetary              \$ \_\_\_\_\_ 0.00

(8) Other Distributions  
\$ \_\_\_\_\_ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ 5,000.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ 5,000.00

**(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.

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(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 Kim O'Connor (2) I.D. Number 142

9/2/2006 through 12/4/2006

(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 Kim O'Connor

(2) I.D. Number 142

(3) Cover Period 9/2/2006 through 12/4/2006

(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
(6) Sequence Number					
9/13/2006 //	O'Connor, Kim P. O. Box 20332 Tallahassee, FL 32316	repay loan	DI		\$725.94
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