

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KELLY KING  
 Name  
 (2) 621 NE 55th ST  
 Address (number and street)  
Ocala, FL 34479  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1176631]

Submitted on:  
 10/18/2018 18:45:56 (eastern)

Check here if address has changed (3) ID Number: 419

(4) Check appropriate box(es):

Candidate Office Sought: SCHOOL BOARD - 5

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 6 / 2018 To 10 / 12 / 2018 Report Type: G5

Original  Amendment  Special Election 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 \$        ,        , 282 . 75

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 282 . 75

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 13 , 793 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 11 , 818 . 88

### (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 KELLY KING

(2) I.D. Number 419

(3) Cover Period 10/6/2018 through 10/12/2018

(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
10/11/2018 / /	Ocala Star Banner, 2121 SW 19th Ave Rd Ocala, FL 34471	advertisement	MO		\$282.75
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