	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	KELLY KING	OFFICE USE ONLY
` '	Name	ONLINE SUBMISSION
(2)	621 NE 55th ST	Submitted on:
	Address (number and street)	7/10/2018 18:23:06 (eastern)
	Ocala, FL 34479 City, State, Zip Code	
	☐ Check here if address has changed	(2) ID Number 410
(4)	_	(3) ID Number: 419
(4)	Check appropriate box(es):	-
		- 5
	☐ 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
Cove	er Period: From $\underline{6}$ / $\underline{23}$ / $\underline{2018}$ To	7 / 6 / 2018 Report Type: P2
X O	riginal Amendment Spo	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Casl	h & Checks \$, , <u>725</u> . <u>00</u>	Expenditures \$, , 0 . 00
	f 0 00	
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to
Office Account \$, , 0 Total Monetary \$, , 725 . 00		
Tota	, , , , , , , , , , , , , , , , , , ,	Total Monetary \$, , 0 . 00
In-Ki	ind \$, , 0.00	,,,
111 131	,,,,,	(8) Other Distributions
		\$, , 000_
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$, <u>2</u> , <u>018</u> . <u>18</u>
	(11) Cer	tification
	It is a first degree misdemeanor for any pers	
Ιc	certify that I have examined this report and it is true, corr	ect, and complete:
(T	ype name)	(Type name)
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
-		
X		X Sign at use
51	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	KELLY KIN	1G				(2	2) I.D. Number _		419	
	6/23	3/201	8		7/6/2	2018				
(3) Cover Peri	od	f*	1	through	7	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/6/2018	Pittman, Erica 4036 SW 133rd Loop Ocala, FL 34473	Î	teacher	СН			\$75.0
7/6/2018	Fontaine-Dorsey, Lisa 3999 SE 38th Loop Ocala, FL 34480	I	teacher	СН			\$50.0
6/29/2018	Cone Revocable, Jr. Trust, Doug 500 NW 27th Ave Ocala, FL 34475	I	beverage wholesaler	CH			\$500.0
6/29/2018	Diaz, Jinky 5097 SW 40th PL Ocala, FL 34474	I		CA			\$50.0
6/29/2018	Whittier, Hank 3939 SE 17th Street Ocala, FL 34471	I		CA			\$50.0
1 1							
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Name KELLY	KING 6/23/2018	7/6/2010	ED EXPENDITURES (2) I.D. Number 41		
Cover Period _	/through	/	4) Page <u>1</u>	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) Amour
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