

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christine King
 Name
 (2) PO BOX 681966
 Address (number and street)
Miami, FL 33168-9998
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1188422]

Submitted on:
 6/9/2019 15:58:41 (eastern)

Check here if address has changed

(3) ID Number: 47

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner District 5
- 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 5 / 1 / 2019 To 5 / 31 / 2019 Report Type: M05

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 3 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 3 , 000 . 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

\$, 4 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 83 . 70

(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 CONTRIBUTIONS

(1) Name Christine King (2) I.D. Number 47
 (3) Cover Period 5/1/2019 through 5/31/2019 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation				
5/20/2019 / /	Carbon, Augustine 17101 NE 3rd CT North Miami Beach, FL 33162-1842	I	administra tor	CH			\$1,000.00
1							
5/20/2019 / /	Comfort Medical Center, LLC, 1498 NW 54th Street Miami, FL 33142	B	medical center	CH			\$1,000.00
2							
5/20/2019 / /	Doctors United, Inc, 1498 NW 54th St Unit C Miami, FL 33142-3911	B	medical center	CH			\$1,000.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christine King

(2) I.D. Number 47

(3) Cover Period 5/1/2019 through 5/31/2019

(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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