

## 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**  
 [1194494]

Submitted on:  
 11/8/2019 18:19:43 (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 10 / 1 / 2019 To 10 / 31 / 2019 Report Type: M10

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 500 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 500 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 50 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 50 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 7 , 500 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 133 . 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  
 10/1/2019 through 10/31/2019  
 (3) Cover Period  / /  through  / /  (4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code   | (8)<br>Contributor<br>Type Occupation |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------------|--|---------------------------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| 10/11/2019<br>/ / | Palm Construction<br>and , Design Group<br>Inc<br>12491 SW 134th Ct<br>Ste 20<br>Miami, FL 33186 | B                                     | contractor | CH                          |                                |                   | \$500.00       |
| 1                 |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |
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| / /               |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |
| / /               |  |                                       |            |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Christine King

(2) I.D. Number 47

(3) Cover Period 10/1/2019 through 10/31/2019

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 10/8/2019<br>/ /          | Metro PCS,<br>12920 SE 38th St<br>Bellevue, WA 98006   | cell phone<br>service  | PW                         |                   | \$50.00        |
| 1                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
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| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |