	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kolby S. Urban	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	2239 Summer Raye Court	Submitted on:								
	Address (number and street)	9/10/2020 10:27:10 (eastern)								
	St. Cloud, FL 34772  City, State, Zip Code	<del></del>								
	Check here if address has changed	(3) ID Number: 390								
(4)	_	(6) 12 1141112011								
(-7	Check appropriate box(es):  Candidate Office Sought: St Cloud City Council Member Seat 3  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded  Check here if PTY has disbanded  Check here if no other IE or EC reports will be filed									
	(5) Report	Identifiers								
Cove	er Period: From 8 / 22 / 2020 To	9 / 4 / 2020 Report Type: G2								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , <u>450</u> . <u>00</u>	Monetary								
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , <u>450</u> . <u>00</u>	Total Monetary \$ . 0 . 00								
In-Ki	and \$ , , 0.00	Total Monetary \$ , , , 0 . 00								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$,24_, _80000									
(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   Treasurer   Deputy Treasurer or electioneering comm.)   Candidate   Chairperson (only for PC and PTY)										
X		X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS								
(1) Name	Kolby S. Urban				2) I.D. Numbe	er3	390	
	8/22/2020		9	/4/2020				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
8/27/2020	ANDERSON, RUSSELL 1598 ANORADA BLVD KISSIMMEE, FL 34744		retired	СН			\$100.0	
1								
8/27/2020 / /	ROTARY CLUB OF SAINT CLOUD, 3229 COUNTRYSIDE VIEW LANE	В	rotary	RE			\$350.0	
2	SAINT CLOUD, FL 34772							
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	olby	s.	Urbai	1		522900 123037M661151190 0	200 Mg (1)	 (2) I.D. Num	ıber		390	
		8/	22/20	20		9/4/20	020					
(3) Cover Pe	riod _		_/	_/_	through_	//		 (4) Page	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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DS-DE 14 (Rev.	11/13 \				