

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kerry A Smith  
 Name  
 (2) 8129 Virginia Ln  
 Address (number and street)  
Milton, FL 32583  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1256009]

Submitted on:  
 3/2/2022 15:57:30 (eastern)

Check here if address has changed

(3) ID Number: 138

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 2
- 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 1 / 1 / 2022 To 1 / 31 / 2022 Report Type: M1

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 \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 10 , 526 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 364 . 85

### (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 Kerry A Smith (2) I.D. Number 138

1/1/2022 through 1/31/2022

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

| (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 |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

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

(1) Name Kerry A Smith

(2) I.D. Number 138

(3) Cover Period 1/1/2022 through 1/31/2022

(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 |  |  |                            |                   |                |
| 1/20/2022<br>//           | Swan, Rebecca<br>3460 Quail Drive<br>Pace, FL 32571  | merchant fee<br>stripe   | MO                         | Delete            | \$0.33         |
| 1                         |  |  |                            |                   |                |
| 1/20/2022<br>//           | Stripe,<br>3460 Quail Drive<br>Pace, FL 32571  | merchant fee<br>stripe   | MO                         | Add               | \$0.33         |
| 2                         |  |  |                            |                   |                |
| 1/19/2022<br>//           | Swan, Dusty<br>3460 Quail Drive<br>Pace, FL 32571  | merchant fee<br>stripe   | MO                         | Delete            | \$1.03         |
| 3                         |  |  |                            |                   |                |
| 1/19/2022<br>//           | Stripe,<br>3460 Quail Drive<br>Pace, FL 32571  | merchant fee<br>stripe   | MO                         | Add               | \$1.03         |
| 4                         |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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| //                        |  |  |                            |                   |                |
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| //                        |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |