

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kathryn Hensley  
 Name  
 (2) 117 NE Surfside Ave  
 Address (number and street)  
Port St. Lucie, FL 34983  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1237096]

Submitted on:  
 10/30/2020 09:36:22 (eastern)

Check here if address has changed (3) ID Number: 448

(4) Check appropriate box(es):

Candidate Office Sought: School Board, District 4

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 / 17 / 2020 To 10 / 29 / 2020 Report Type: G6

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 200 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 200 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 525 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 525 . 00

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 35 , 035 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 27 , 780 . 69

### (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 Kathryn Hensley (2) I.D. Number 448

10/17/2020 through 10/29/2020

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (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
10/17/2020 / /	Myers, Stefanie 2297 SW Mt Vernon St PSL, FL 34953	I		CH			\$100.00
1							
10/22/2020 / /	DeLoach, Carol 2440 Forest Club Dr Orlando, FL 32804	I		CH			\$100.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Kathryn Hensley

(2) I.D. Number 448

(3) Cover Period 10/17/2020 through 10/29/2020

(4) Page 1 of 1

(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					
10/28/2020 / /	Midway Broadcasting, PO Box 880052 PSL, Fl 34988	radio ads	MO		\$525.00
1					
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