

## 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**  
 [1205956]

Submitted on:  
 5/6/2020 13:10:01 (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)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: M4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 275 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 275 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 131 . 38

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 131 . 38

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 12 , 745 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 3 , 486 . 30

### (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  
 4/1/2020 4/30/2020  
 (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 |
|---------------------------|--|---------------------------------------|-----------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type                                  | Occupation            |                             |                                |                   |                |
| 4/20/2020<br>/ /          | Prince, Jonathan<br>Rayford<br>10451 SW Waterway Lane<br>PSL, FL 34987                         | I                                     | school bd<br>employee | CH                          |                                |                   | \$150.00       |
| 1                         |  |                                       |                       |                             |                                |                   |                |
| 4/6/2020<br>/ /           | Dawkins, Carol<br>774 NE Airosa Blvd<br>PSL, FL 34983  | I                                     |                       | CH                          |                                |                   | \$50.00        |
| 2                         |  |                                       |                       |                             |                                |                   |                |
| 4/24/2020<br>/ /          | Lofly, Falon<br>1361<br>SW Bellevue Ave<br>PSL, FL 34953                                       | I                                     |                       | CH                          |                                |                   | \$25.00        |
| 3                         |  |                                       |                       |                             |                                |                   |                |
| 4/25/2020<br>/ /          | Thompson, Marsha<br>1759 N Dovetail Dr<br>Ft Pierce, FL 34982                                  | I                                     |                       | CH                          |                                |                   | \$25.00        |
| 4                         |  |                                       |                       |                             |                                |                   |                |
| 4/30/2020<br>/ /          | Novak, Patricia A.<br>3744 NW Pin Oak Dr.<br>Jensen, FL 34957                                  | I                                     |                       | CH                          |                                |                   | \$25.00        |
| 5                         |  |                                       |                       |                             |                                |                   |                |
| / /                       |  |                                       |                       |                             |                                |                   |                |
| / /                       |  |                                       |                       |                             |                                |                   |                |
| / /                       |  |                                       |                       |                             |                                |                   |                |
| / /                       |  |                                       |                       |                             |                                |                   |                |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kathryn Hensley

(2) I.D. Number 448

(3) Cover Period 4/1/2020 through 4/30/2020

(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 |  |  |                            |                   |                |
| 4/20/2020<br>//           | Hensley, Carl<br>117 NE Surfside Ave<br>PSL, Fl 34983  | postage and<br>supplies  | MO                         |                   | \$131.38       |
| 1                         |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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