	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Kevin C. Carter	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	PO Box 13603	Submitted on:						
	Address (number and street)	6/22/2020 09:40:38 (eastern)						
	Fort Pierce, FL 34979  City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 460						
<i>(</i>		(3) ID Number: 460						
(4)	Check appropriate box(es):							
	<ul><li></li></ul>							
	☐ 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	dentifiers						
Cove	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2020}$ To	6 / 12 / 2020 Report Type: P1						
□ 0	riginal 🖾 Amendment 🗌 Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , 0 . 00						
Loor	ns \$ , , 0.00	Transfers to						
Loar	φ,, <u>σ</u> . <u>σσ</u>	Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , , 0 . 00	, , , , ,						
	·	Total Monetary \$ , , 0 . 00						
In-Ki	nd \$ , , 0.00							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, _16 , 500 . 00	\$, _ 9 , _ 127 80_						
		tification son to falsify a public record (ss. 839.13, F.S.)						
l o								
I certify that I have examined this report and it is true, correct, and complete:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Kevin C.	evin C. Carter					) I.D. Number			
	6/1,	/2020	)		6/12/	2020				
(3) Cover Peri	od	1	1	through	1	7	(A) Page	1	of $\frac{1}{}$	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_			Inc. December		
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	20.00	Occupation	Туре	Description	Amendment	Amount
6/1/2020	Smith, John Ray 521 NW SAgmore Terr Port Saint LUcie, FL 34983	I	weilder	СН		Delete	\$1,000.0
1							
6/1/2020	Smith, John Ray 521 NW SAgmore Terr Port Saint LUcie, FL 34983	I	welder	СН		Add	\$1,000.0
2							
6/10/2020	Kent, Nicholas k PROTECTED Port St Lucie, FL 34983	I	retired	СН		Delete	\$1,000.0
3							
6/10/2020 / /	Kent, Nicholas k 4700 W. Midway Road Fort Pierce, FL 34981	I	retired	СН		Add	\$1,000.0
4							
6/10/2020	Kent, Teresa PROTECTED Port ST Lucie, FL 34983	I	retired	CH		Delete	\$1,000.0
6/10/2020	Kent, Teresa 4700 W. Midway Road	I	retired	СН		Add	\$1,000.0
6	Fort Pierce, FL 34981						
6/6/2020 / /	Harris, Judith G Protected Sunrise, FL 33322	I	retired	СН		Delete	\$1,000.0
7							
6/6/2020	Harris, Judith G 2601 W. Broward Blvd. Fort Lauderdale, FL 33312	I	retired	СН		Add	\$1,000.0
8							

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

(1) Name _K	Kevin C. Carter		(2) I.D. Number	460
	6/1/2020	6/12/2020		
(3) Cover Po	eriod//	through//	(4) Page1	of0

(5) Date	(7)	(8)	(9)	(10)	(11)
(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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