	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kimberly J. Shatto	OFFICE USE ONLY								
` ' .	Name	ONLINE SUBMISSION								
(2)	20388 SE 82nd Path	[1212629]								
	Address (number and street)	Submitted on: 6/22/2020 08:56:55 (eastern)								
	Lake Butler, FL 32054									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:117								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: Dist #1 County Commissioner ☐ 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 $\frac{5}{2}$ / $\frac{1}{2020}$ To	5 / 31 / 2020 Report Type: M5								
□ O ₁	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,,,000	Monetary								
Loan	s \$, <u>1</u> , <u>900</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00								
Total	Monetary \$,1, 900. 00	Total Monetary \$, 1 ,343 . 28								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>2</u> , <u>000</u> . <u>00</u>	\$, <u>1</u> , <u>369</u> . <u>88</u>								
<u>(T)</u>	(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.) (Type name) Chairperson (only for PC and PTY)									
Х		x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number 117								
(3) Cover Perio	5/1/2020 od////		5/31/2020 ////	(4) Pa	ge <u>1</u>	of		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9) Contribution	28000 2730252500	(11)	(12)		
Number 5/1/2020 /	City, State, Zip Code Shatto, Kim ***Protected Voter***	Type Occupation S business owner	Type LO	Description	Add	Amount \$900.00		
5/7/2020	Shatto, Kim ***Protected Voter***	S business owner	LO		Add	\$500.00		
5/29/2020	Shatto, zzzkim ***Protected Voter***	S business owner	LO		Add	\$500.00		
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DS-DE 13 (Rev. 11/13	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VAL	UES	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Kimberly	7 J.	Shatto				 (2) I.D. Nun	nber	1	L17	
	5	/1/2	020		5/31/2	020	*				
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(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
5/1/2020	Main Street Printing, 1034 SW Main Blvd Lake City, FL 32025	yard signs	МО	Add	\$512.53
5/13/2020	Teeko Retail, 2018 SW Main Blvd Lake City, FL 32025	tshirts	МО	Add	\$352.03
5/13/2020	Main Street printing, 1034 SW Main Blvd Lake City, FL 32025	mail out card	МО	Add	\$294.25
5/29/2020	Teeko Retail, 2018 SW Main Blvd Lake City, FL 32025	tshirts	МО	Add	\$184.47
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