CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kevin Crystal	OFFICE USE ONLY							
, ,	Name	ONLINE SUBMISSION [1186537]							
(2)	152 Roosevelt Ave	Submitted on:							
	Address (number and street)	4/5/2019 10:59:42 (eastern)							
	DeFuniak Springs, FL 32435								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 473							
(4)	Check appropriate box(es):								
	Candidate Office Sought: City Council	, Seat #3							
	Political Committee (PC)	Charle have if DO an EOO have dishearded							
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)	•							
(5) Report Identifiers									
Cove	er Period: From 3 / 29 / 2019 To	0 4 / 5 / 2019 Report Type: G3							
		pecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$, , _50 . 00	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$, , 50 . 00	Total Monetary \$, 2 ,112 . 72							
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							
	\$, <u>10</u> , <u>675</u> . <u>00</u>	\$, <u>10</u> , <u>139</u> . <u>07</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:									
(T	(Type name) (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kevin Crystal (2) I.D. Number 473								
	3/29/2019			/5/2019	10 SVEX			
(3) Cover Peri	od / /	thro			(4) Pag	ie ¹	of ¹	
		-	(10)			40 V		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	-	ntributor	Contribution	In-kind	1 Marcon 10 Con & Victor Annual	-	
Number	City, State, Zip Code Chandler ,	Type	Occupation	Type CH	Description	Amendment	Amount \$50.0	
4/2/2019	Cassandra			CH			\$30.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kevir	n Crysta	al				(2) I.D. Nur	nber	4	£73	
	3/29/	2019		4/5/201	9					
(3) Cover Period	I	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
3/29/2019	State Craft LLC, 73 Scribner Ave Defuniak Springs, Fl 32435	marketing	MO		\$815.80
4/1/2019	Crystal, Kevin W 152 Roosevelt Ave Defuniak Springs, FL 32435	refund	RE		\$150.00
4/3/2019	Stripe, 510 Townsend St San Francisco, CA 94103	online payment processing	МО		\$1.75
4/5/2019	State Craft LLC, 73 Scribner Ave Defuniak Springs, Fl 32435	marketing	МО		\$946.15
4/5/2019	Smith Sign and Printing, 24 South 8th St Defuniak Springs, Fl 32435	t-shirts	МО		\$199.02
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