

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kevin Crews
 Name
 (2) 927 Avant Road
 Address (number and street)
Chipley, FL 32428
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1093791]
 Submitted on:
 11/10/2015 09:55:24 (eastern)

Check here if address has changed

(3) ID Number: 1

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

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

Cover Period: From 10 / 1 / 2015 To 10 / 31 / 2015 Report Type: 2015

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 110 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 110 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 11 , 205 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 220 . 00

(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 Kevin Crews (2) I.D. Number 1

10/1/2015 through 10/31/2015

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kevin Crews

(2) I.D. Number 1

(3) Cover Period 10/1/2015 through 10/31/2015

(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
10/26/2015 / / 1	Kate Smith Elem. School PTO, 750 Sinclair Street Chipley, FL 32428	pto donation	MO		\$60.00
10/26/2015 / / 2	American Cancer Society, 1195 Jackson Avenue Chipley, FL 32428	donation for fund raiser to american cancer society	MO		\$50.00
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