

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Troy Kent  
 Name  
 (2) 130 Magnolia Dr.  
 Address (number and street)  
Ormond Beach, FL. 32176  
 City, State, Zip Code

**OFFICE USE ONLY**

Wed 7/25/18 9:12 AM

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

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 Identifiers

Cover Period: From 7 / 7 / 18 To 7 / 20 / 18 Report Type: P3

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 36 . 52

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 36 . 52

(8) Other Distributions  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ , 21 , 675 . 00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ , 2 , 488 . 81

### (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) Richard Lovell

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *Richard Lovell*  
 Signature

(Type name) Troy Kent

Candidate  Chairperson (only for PC and PTY)

X *Troy Kent*  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Troy Kent

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 7 / 18 through 7 / 20 / 18

(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
(6) Sequence Number					
7 / 12 / 18	Houligan's 1110 W. Granada Blvd Ormond Beach, FL. 32174	Campaign Team Meeting	CAN		36.52
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