

## 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**

Thurs 8/16/18 11:34 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)
- 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 8 1 4 1 18 To 8 1 10 1 18 Report Type: P6

Original       Amendment       Special Election Report

### (6) Contributions This Report

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

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

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

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

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 602 . 73

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 602 . 73

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 21 , 925 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 4 , 812 . 94

### (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 8 / 4 / 18 through 8 / 10 / 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					
8 / 5 / 18	Direct Mail Systems 12450 Automobile Blvd. Clearwater, FL. 33762	Palm Cards	CAN		602.73
1					
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