

April 10, 2020

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kyle C Gibson
Name

(2) Po Box 590581
Address (number and street)

FT. Lauderdale FL 33359
City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: FT. Lauderdale City Comm # 2

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 3 / 1 / 2020 To 3 / 31 / 2020 Report Type: M-3

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 80.60

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 80.60

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 98.42

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 98.42

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 80.60
526.60

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 503.78

(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 Kyle C. Gibson
Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X Kyle C. Gibson
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hyle C. Gibson (2) I.D. Number _____

(3) Cover Period 3 / 1 / 2020 through 3 / 31 / 2020 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
1 / 1	Mulrow Brooks Monica						20.20
3, 3, 20	Gibson Tamm			CAS			20.20
3, 10, 20	Gibson Joan			CAS			20.20
3, 10, 20	Gibson George 1019 E Paul Russek Tallahassee FL 32301			CAS			20.20
3, 10, 20	Gibson Blondina 1019 E Paul Russek Tallahassee 32301			CAS			20.00
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kyle Gibson

(2) I.D. Number _____

(3) Cover Period 3/1/20 through 3/31/20

(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					
3/10/20	Fedex 300 W Fed Hwy Ft. Lauderdale FL 33301	copy of District Post	mon		98.42
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