CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Kyle C. Gibson	OFFICE USE ONLY ED							
	Name								
(2)	PO Box 590581	JUN 1)0 (202b)							
	Address (number and street) Ft. Lauderdale FI 33359	BY:							
	City, State, Zip Code								
	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									
Cov	er Period: From 4 / 1 / 2020 To	4 / 30 /2020 Report Type: M-4							
	original ☑ Amendment ☐ Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cas	h & Checks \$, , <u>60</u> . <u>00</u>	Monetary Expenditures \$, , 30 . 00							
Loa	ns \$,,	Transfers to Office Account \$, , .							
Tota	al Monetary \$, ,	Total Monetary \$, , <u>30</u> . <u>30</u>							
In-K	ind \$,,								
		(8) Other Distributions \$,							
(9)	TOTAL Monetary Contributions To Date \$,, _586 60	(10) TOTAL Monetary Expenditures To Date \$, _533 78							
	(11) Cert It is a first degree misdemeanor for any pers	tification on 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)} Kyle C. Gibson	(Type name) Kyle C. Gibson							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)							
<u> </u>	Hele C. Bu	x Refe C De							
S	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kyle C. Gibson (2) I.D. Number							
(3) Cover Period	4//	throu	gh /	30 / 2020	_ (4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address &	Type	ontributor Occupation	Contribution	In-kind Description	Amendment	Amount
	City, State, Zip Code Gibson Kyle PO Box 590581 Ft lauderdale Fl 33359	s	Occupation	Type Cash	Description	American	30.00
1 1							
1 1							
Į I							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kyle C.Gibson (2) I.D. Number									
(3) Cover Perio	d ⁴ / ¹ / ²⁰²⁰ through ⁴	/	1) Page	of _	<u> </u>				
(5) Date (6) Sequence Number	(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)	(11)				
4 / 10 / 202	US Post Office 1900 W Oakland Park Blvd Ft Lauderdale Fl 33310	Stamps	DIS		30.00				
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