

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kit McKeon OFFICE USE ONLY

Name
 (2) 628 Granada Ave. CLERK SEPI 6'11 H10-07

Address (number and street)
 Venice, FL 34285

City, State, Zip Code D CHECK IF ADDRESS HAS CHANGED	(3) ID Number: Venice City Council Seat #2
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(4) Check appropriate box(es):
 CLI Candidate (office sought):

<input type="checkbox"/> D Political Committee of Continuous Existence <input type="checkbox"/> O Party Executive Committee <input type="checkbox"/> D Electioneering Communication COMMUNICATION REPORTS WILL BE FILED	<input type="checkbox"/> D CHECK IF PC HAS DISBANDED D Committee <input type="checkbox"/> Q CHECK IF CCE HAS DISBANDED <input type="checkbox"/> D CHECK IF NO OTHER ELECTIONEERING
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(5) REPORT IDENTIFIERS
 Cover Period: From 7/1/2011 To 9/12/2011 Report Type Termination Report

Original Q Amendment O Special Election Report [H Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 1,200.00	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 2,200.00
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Loans \$	Transfers to Office Account \$
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Total Monetary \$ 1,200.00	Total Monetary \$2,200.00
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In-Kind \$	
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	(8) Other Distributions \$
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(9) TOTAL Monetary Contributions To Date \$ 2,200.00	(10) TOTAL Monetary Expenditures To Date \$2,200.00
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(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) Alice M. Hicks	I cert fy that I have examined this report and it is true, correct, and complete. (Type name) Thomas C. McKeon
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(*Individual (only for electioneering commun.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)
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 Signature	 Signature
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name

Campaign Account of Kit McKeon

(2) I.D. Number _____

(3) Cover Period

7/1/2011 through *9/12/2011*

(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					
7/1/2011	Bank of America P.O. Box 25118 Tampa, FL 33622-5118	Bank fees	Cash		\$22.00
1					
7/13/2011	Albert C. Schmieier 135 Castle St. Venice, FL 34285		Refund		\$500.00
2					
7/13/2011	C. David Griffin 4949 Tyne Ridge Ct. Nashville, TN 37220		Refund		\$500.00
3					
9/8/2011	City of Venice 401 W. Venice Ave. Venice, FL 34285	Fees	Purchase		\$102.00
4					
9/12/2011	Albert C. Schmieier 135 Castle St. Venice, FL 34285		Refund		\$448.35
5					
9/12/2011	C. David Griffin 4949 Tyne Ridge Ct. Nashville, TN 37220		Refund		\$448.35
6					
9/12/2011	Anne Liebermann 625 Granada Ave. Venice, FL 34285		Refund		\$179.30
7					