FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kevin Wattke
Name

(2) 19001 SW 91 Ave
Address (number and street)

Cutler Bay, FL 33157
City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

09-17-10 P05:23 RCVD 90

(3) ID Number: 121

(4) Check appropriate box(es):

☒ Candidate (office sought): MAYOR
☐ Political Committee — ☐ CHECK IF PC HAS DISBANDED
☐ Committee of Continuous Existence — ☐ CHECK IF CCE HAS DISBANDED
☐ Party Executive Committee
☐ Electioneering Communication — ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 08/20/10 To 09/10/10 Report Type G-1

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$ 0
Loans	$
Total Monetary	$
In-Kind	$

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 13.69
Transfers to Office Account	$
Total Monetary	$

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 250.00

(10) TOTAL Monetary Expenditures To Date

$ 233.69

(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) Kevin Wattke

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kevin Wattke

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kevin Wolfe **(2) I.D. Number** 121

(3) Cover Period 08/20/10 through 09/10/10 **(4) Page** of

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kevin Wolfe (2) I.D. Number 121

(3) Cover Period 08/20/10 through 09/10/10 (4) Page _____ of _____

(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) Amendment	(11) Amount
/ /	Staples Cutler Ray 1° S. River Hwy		Home Cable		13.69
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/ /					

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kevin Wolfe
Name

(2) 19001 SW 91 Ave
Address (number and street)

Cutler Bay FL 33157
City, State, Zip Code

OFFICE USE ONLY

08-20-10P02:06 RCVD

90

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): MAYOR

☐ Political Committee ☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 31 / 10 To 08 / 19 / 10 Report Type F3

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	$ 250 e
Loans	$
Total Monetary	$
In-Kind	$

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	$ 220 e
Transfers to Office Account	$
Total Monetary	$

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 250 e

(10) TOTAL Monetary Expenditures To Date

$ 220 e

(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) Kevin Wolfe

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X _____
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kevin Wolfe

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kevin Wolfe (2) I.D. Number _____

(3) Cover Period 07 / 31 / 10 through 08 / 29 / 10 (4) Page _____ of _____

(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) Amendment	(11) Amount
/ /		Qualifying fee			100.00
/ /		State assessment fee			120.00
/ /					
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kevin Woitke **(2) I.D. Number** _____

(3) Cover Period 07 / 31 / 10 through 08 / 29 / 10 **(4) Page** _____ of _____

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	Kevin K Woitke 19001 S 91 Ave Custer Park IL 60481			LOAN			250.00
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/ /							
/ /							
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES