

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

(1) Damon Kinton  
 Name  
 (2) 2892 Lincroft Ave  
 Address (number and street)  
Orlando, FL 32814  
 City, State, Zip Code

**OFFICE USE ONLY**

2008 AUG 29 P  
 SUPERVISOR OF ELECTIONS  
 DIVISION OF ELECTIONS  
 FLORIDA DEPARTMENT OF STATE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): Urban Orlando Com Dev Dist  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 8, 2, 08 To 8, 2, 08 Report Type \_\_\_\_\_

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 \$ 20

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 20

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 100

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 85

**(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) Damon Kinton

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Damon Kinton  
 Signature

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

(Type name) Damon Kinton

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

X Damon Kinton  
 Signature