

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

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

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): VOCCDD #4  
 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 10/11/08 To 10/30/08 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 \$ 0

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

Total Monetary \$ \_\_\_\_\_

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

2008 OCT 30 P 12:15

DALL POWERS  
SUPERVISOR OF ELECTIONS

**(9) TOTAL Monetary Contributions To Date**  
\$ 350

**(10) TOTAL Monetary Expenditures To Date**  
\$ 317.38

**(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 communit. organization)

**X** Damon Kinton  
Signature