

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

(1) MURIEL D. KEMP
Name

(2) 1479 NE 178th ST
Address (number and street)

NMB FL 33162
City, State, Zip Code

RECEIVED
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13 MAR 21 PM 2:56
COUNTY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): NMB CITY COUNCIL GROUP #4

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

19 (5) REPORT IDENTIFIERS M 5/13

Cover Period: From 2/11/13 To 3/11/13 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 350

Loans \$ 1450

Total Monetary \$ 1800

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 717.55 312/13

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1800

(10) TOTAL Monetary Expenditures To Date
\$ 717.55 312/13

(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.

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

(Type name) MURIEL D. KEMP

(Type name) MURIEL D. KEMP

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Muriel D. Kemp
Signature

X Muriel D. Kemp
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Muriel D. Kemp (2) I.D. Number _____

(3) Cover Period 21¹⁹~~13~~13 through 312213 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
21913 1	Muriel D. Kemp 1479 NE 178 St. NMB FL 33162		INS. AGENT	LOAN			\$1000
31113 2	BRUCE LAMBERTO 3420 NE 165 St. NMB. FL. 33162		EMP. CITY OF M.B.	CK			\$50
31213 3	MARY HILTON 1950 NE 157 TR NMB. FL 33162		RETIRO	CK			\$300
31413 4	MURIEL D KEMP 1479 NE 178 St. NMB FL 33162		INS. AGENT	LOAN			\$300
31813	MURIEL D. KEMP 1479 NE 178 St NMB FL 33162		INS. AGENT	LOAN			\$150
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1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MURIEL D. KEMP

(2) I.D. Number _____

(3) Cover Period 2, 26, 13 through 3, 22, 13

(4) Page 1 / 1 of 1 / 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
2/26/13	CITY OF NMB	SIGN BOND			\$ 250
1					
3/7/13	BOARD OF COUNTY COMM. 2300 NW 87 Ave MIAMI	VOTERS LIST (DISK)			\$ 23 ⁰⁰ -
2					
3/7/13	Bee JAY PRINTING 1543 NE 168 ST NMB FL 33162	FLYERS			\$ 128 ⁰⁰ -
3					
3/15/13	Bee JAY PRINTING 1543 NE 168 ST. NMB FL 33162	FLYERS			\$ 315 ⁶⁵ -
4					
3/21/13	BRIAN BOICE 1972 NE 188 ST. NMB FL 33162	PRINTING WO R 3/22/13			\$ 25 ⁰⁰ -
1/1					
1/1					
1/1					

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

(1) Muriel D Kemp
Name

(2) 1479 NE 178th STREET
Address (number and street)

NMB FL 33162
City, State, Zip Code

13 APR 5 05 PM 1956 ONLY
NMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): NMB CITY COUNCIL GROUP # 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 3 / 16 / 13 To 3 / 29 / 13 Report Type G 2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 25

Transfers to Office Account \$ _____

Total Monetary \$ 25

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1800 -

(10) TOTAL Monetary Expenditures To Date

\$ 742.55

(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) MURIEL D KEMP

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Muriel D. Kemp
Signature

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

(Type name) MURIEL D KEMP

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

X Muriel D. Kemp
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MURIEL KEMP (2) I.D. Number _____
 (3) Cover Period 3/1/13 through 3/29/13 (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					
3/21/13	BRIAN ROOK 1971 NE 1885+ NMB FL 33162	PRINTING WORK			\$ 25-
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 CAMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Morgan Kemp (2) I.D. Number _____

(3) Cover Period 3, 16, 13 through 3, 29, 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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 CNMB CITY CLERK'S OFFICE

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

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13 APR 18 PM 3:28
GNMB CITY CLERK'S OFFICE

(1) MURIEL D. KEMP
Name

(2) 1479 NE 178th STREET
Address (number and street)

NMB FL 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): NMB CITY COUNCIL GROUP #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 3/30/13 To 4/12/13 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 0

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ 0

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1800 -

(10) TOTAL Monetary Expenditures To Date

\$ 890.55

(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.

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

(Type name) MURIEL D. KEMP

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) MURIEL D. KEMP

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

X Muriel D. Kemp
Signature

X Muriel D. Kemp
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MURIEL D. KAMP (2) I.D. Number _____

(3) Cover Period 3, 30, 13 through 4, 12, 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
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 OHIO CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MURIEL D. KEMP (2) I.D. Number _____
 (3) Cover Period 3, 30, 13 through 4, 12, 13 (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
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 OHIO CITY CLERK'S OFFICE

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

(1) Muriel D. Kemp
Name

(2) 1479 NE 178th ST.
Address (number and street)

NMB FL 33162
City, State, Zip Code

OFFICE USE ONLY

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MAY - 3 AM 11-06
NMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): NMB CITY COUNCIL GROUP # 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 4 1 13 To 5 1 2 1 13 Report Type 64

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100

Loans \$ -

Total Monetary \$ 100

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ 10

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1900-

(10) TOTAL Monetary Expenditures To Date

\$ 892.55

(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) MURIEL D. KEMP

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Muriel D. Kemp
Signature

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

(Type name) MURIEL D. KEMP

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

X Muriel D. Kemp
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MURIEL D KEMP (2) I.D. Number _____

(3) Cover Period 4/13/13 through 5/02/13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
4/24/13	Mike & Linda Stahl 1933 Collins Ave. Sunny Isles Bch FL 33160		retired	ck			\$ 100
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 CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MURIEL D. KOW

(2) I.D. Number _____

(3) Cover Period 4, 13, 13 through 5, 2, 13

(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					
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 ENBA CITY CLERK'S OFFICE

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

RECEIVED
13 OFFICE USE ONLY
JUN 19 AM 10:26
NMB CITY CLERK'S OFFICE

(1) MURIEL D. KEMP
Name
(2) 1479 NE 178th ST.
Address (number and street)
NMB FL 33162
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): NMB CITY COUNCIL GROUP #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 5/3/13 To 8/15/13 Report Type TR

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250 -

Loans \$ _____

Total Monetary \$ 250 -

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ 1257.47

(9) TOTAL Monetary Contributions To Date

\$ 2150 -

(10) TOTAL Monetary Expenditures To Date

\$ 2150 -

(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)

- Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Muriel D. Kemp
Signature

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

(Type name)

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

X Muriel D. Kemp
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MURIEL D. KEMP (2) I.D. Number _____

(3) Cover Period 5/3/13 through 8/5/13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6/3/13	City of NMB 170 W. N. 1st Ave NMB IL 33062	ck		refund of Sign bond			\$250
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 NMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MURIEL D. KEMP

(2) I.D. Number _____

(3) Cover Period 5/3/13 through 8/5/13

(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					
6/3/13	MURIEL D. KEMP 1479 NC 128 ST NMA R 33162	repayment of loan			\$ 1257.47
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 SANDS CITY CLERK'S OFFICE