CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) CHARLES KEITH	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1228137]						
(2) 699 NW DOGWOOD TER	Submitted on:						
Address (number and street) LAKE CITY, FL 32055	8/28/2020 09:16:37 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1226						
(4) Check appropriate box(es):							
Candidate Office Sought: <u>COUNTY COMMIS</u>	SION DIST 3						
	Check here if PC or ECO has disbanded Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>8</u> / <u>14</u> / <u>2020</u> To	<u>11</u> / <u>16</u> / <u>2020</u> Report Type: <u>TRP</u>						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks   \$ , , , 0 . <u>00</u>	Monetary Expenditures \$ , , , 0 . 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,0 . 00						
Total Monetary \$,,,	Total Monetary \$,,0.00						
In-Kind \$,, <u>0</u> . <u>00</u>							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>11</u> , <u>925</u> . <u>00</u>	\$, <u>11</u> , <u>925</u> . <u>00</u>						
(11) Cert	tification						
(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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>CHARLES KEITH</u>				(2) I.D. Number 1226					
	8/14/2020			1/16/2020					
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Page	e <u> </u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1 1	-								
1 1									
1 1									
1 1	-								
1 1	-								
1 1	-								
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name CHAR	CAMPAIGN TREASURER'S REPORT – ITEMIZ ) Name <u>CHARLES KEITH</u>			ED EXPENDITURES (2) I.D. Number		
(3) Cover Period	8/14/2020	11/16/2020 / /	(4) Page <u>1</u>	of	1	
(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	
	Keith, Charles G 699 NW Dogwood Ter Lake City, Fl 32055	repay loans	DI		\$3,280.47	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES