

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Keith Reed
 Name
 (2) PO Box 179
 Address (number and street)
Steinhatchee, FL 32359
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1210860]

Submitted on:
 6/16/2020 14:43:16 (eastern)

Check here if address has changed (3) ID Number: 169

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner - District 5

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 500 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 500 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 600 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 512 . 10

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Keith Reed (2) I.D. Number 169

(3) Cover Period 6/1/2020 through 6/12/2020 (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Keith Reed

(2) I.D. Number 169

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/1/2020 //	the print shop, 224 N Main st Chiefland, fl 32626	signs	MO		\$500.00
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