CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Terry Reed	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	11630 Tanager Drive	Submitted on:						
	Address (number and street)	3/27/2015 20:23:43 (eastern)						
	Jacksonville, FL 32225							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:609						
(4)	Check appropriate box(es):							
	Candidate Office Sought: City Council	At Large Group 1						
	Political Committee (PC)	Check here if PC or ECO has disbanded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ 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						
Cove	er Period: From 8 / 1 / 2014 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cack	n & Checks \$ , , 0 . 00	Monetary Expenditures \$ , , 480 . 00						
Casi	1 d Checks	,,,,						
Loar	ns \$ , , 0.00	Transfers to						
	<del></del>	Office Account \$ , , 0 . 00						
Tota	I Monetary \$,,0 . 00							
		Total Monetary \$ , , 480 . 00						
In-Ki	ind \$,,,000							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>17</u> , <u>898</u> . <u>41</u>	\$, <u>17</u> , <u>816</u> . <u>40</u>						
(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:								
Sorary and Crimero Chamming and report and it is due, contect, and complete.								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number 609							09
(3) Cover Perio	8/1/2014 od///	thro	ough	/31/2014 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Terry	Reed					_ (2) I.D. Numl	ber	(	509	390
	8/1/20	14		8/31/2	014		32.			-
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/4/2014	Vanguard Solutions Consulting, 3505 Victoria Lakes Drive North JACKSONVILLE, Fl 32226	may, june, july, monthly fee. june, july constant contact	МО	Add	\$480.00
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