CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Terance Reed	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1155195]							
(2) 14251 NW 40th Ave	Submitted on:							
Address (number and street) Chiefland, FL 32626	5/18/2018 10:47:42 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 240							
(4) Check appropriate box(es):								
Image: Control Commission Dist. 2         Image: Committee Committee (PC)         Image: Communications Org. (ECO)         Image: Committee Committee (PTY)         Image: Committee								
Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed								
(5) Report Identifiers								
Cover Period: From 3 / 1 / 2018 To	3 / 31 / 2018 Report Type: M3							
	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks   \$ , , , 0 . <u>00</u>	Monetary Expenditures \$ , , , 00							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,000							
Total Monetary       \$	Total Monetary \$ , , , , 00							
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>0</u> . <u>00</u>	\$,, <u>6</u> . <u>50</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:								
(Type name)	(Type name)							
or electioneering comm.)								
X	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number						
	3/1/2018	3/31/2018					
(3) Cover Perio	od/ /	thro	bugh	1 1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>
	· · · · · · · · · · · · · · · · · · ·		000 0 <u></u>		, .	2	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				2000 100 000	200122 2002	3 <b>3</b> 0020 - <b>1</b> 3
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
	a shiriz ve			0.010			
1 1							
1 1							
1 1							
	-						
1 1							
1 1							
	-						
1 1							
	•						
						2	
1 1							
	-						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Tera	CAMPAIGN TREASURER'		(PENDITURES       D. Number		
(3) Cover Period	3/1/2018 I/ through_	3/31/2018	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
	Levy Co Supervisor of Election, 421 s court street bronson, fl 32621	petition fees	MO	Delete	\$5.00
_/_/					
_/ /					
_/ /					
_/ /					
_/ /					
_/ /					
_/ /					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES