

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kevin Reid  
 Name  
 (2) 9 South University Circle  
 Address (number and street)  
DeLand, FL 32724  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1179485]

Submitted on:  
 11/7/2018 14:20:49 (eastern)

Check here if address has changed (3) ID Number: 454

(4) Check appropriate box(es):

Candidate Office Sought: DeLand Commission Seat 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 10 / 20 / 2018 To 11 / 1 / 2018 Report Type: G7

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 \$        ,        , -2 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , -2 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 325 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 4 , 363 . 43

### (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 Kevin Reid (2) I.D. Number 454

(3) Cover Period 10/20/2018 through 11/1/2018 (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 Kevin Reid

(2) I.D. Number 454

(3) Cover Period 10/20/2018 through 11/1/2018

(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					
10/25/2018 / /	Beacon, West Volusia 110 W New York Ave DeLand, FL 32720	ads	MO	Delete	\$175.00
1					
10/25/2018 / /	Beacon, West Volusia 110 W New York Ave DeLand, FL 32720	ads	MO	Add	\$173.00
2					
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