

## 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**  
 [1180982]

Submitted on:  
 12/3/2018 13:44:39 (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)

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

Party Executive Committee (PTY)  Check here if PTY has disbanded

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 1 / 1 / 2018 To 12 / 31 / 2018 Report Type: TRG

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 \$        ,        , 961 . 57

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 961 . 57

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

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

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 5 , 325 . 00

### (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

1/1/2018 through 12/31/2018

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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 1/1/2018 through 12/31/2018

(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					
11/13/2018 / /	Beacon, West Volusia 110 W New York Ave DeLand, FL 32720	ad	MO		\$190.00
1					
11/13/2018 / /	Reid, Kevin S 9 South University Circle DeLand, FL 32724	reimburse candidate loan	MO		\$771.57
2					
/ /					
/ /					
/ /					
/ /					
/ /					
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