

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Reed  
 Name

(2) 861 Magnolia Ave.  
 Address (number and street)

Daytona Beach, FL 32114  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1191699]

Submitted on:  
 9/10/2019 15:15:28 (eastern)

Check here if address has changed (3) ID Number: 602

(4) Check appropriate box(es):

Candidate Office Sought: Daytona Beach Commissioner Zone 6

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 8 / 1 / 2019 To 8 / 31 / 2019 Report Type: M8

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 \$        ,        , 10 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 10 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 20 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 10 . 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 Paula Reed (2) I.D. Number 602

(3) Cover Period 8/1/2019 through 8/31/2019 (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 Paula Reed

(2) I.D. Number 602

(3) Cover Period 8/1/2019 through 8/31/2019

(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					
8/6/2019 //	Fargo, Wells 1302 W.International Speedway Blvd. Daytona Beach, Fl 32114	bank monthly service fee	MO		\$10.00
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