CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Matt Reinhart	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	*Address Protected*; P.O. Box 291732	Submitted on:								
	Address (number and street)	4/26/2022 20:26:44 (eastern)								
	Port Orange, FL 32129									
	City, State, Zip Code	(2) 17 11								
	Check here if address has changed	(3) ID Number:830								
(4)	Check appropriate box(es):									
	 ☐ County Council Member, District 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
	(5) Report	Identifiers								
Cove	er Period: From 3 / 1 / 2022 To	3 / 31 / 2022 Report Type: M3								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash & Checks \$,, _0 . 00 Monetary Expenditures \$,, 130 . 60										
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 000	Total Monetary \$, , <u>130</u> . <u>60</u>								
In-Ki	ind \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(T	(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 Treasurer Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
X		x								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Matt Reinhart		(2) I.D. Number									
	3/1/2022		3	/31/2022								
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Page	e <u>1</u>	of					
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)					
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	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 _M	<i>l</i> att	Rein	hart	:		111-011			 (2) I.D. Nur	nber	8	330	an an
		3/	1/20	22		3/3	1/20	22					
(3) Cover Pe	eriod		1	1	through		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
3/31/2022	Supervisor of Elections, 1750 S Woodland Blvd DeLand, FL 32720	petitions	МО	Add	\$55.60
1					
3/31/2022	Supervisor of Elections, 1750 S Woodland Blvd DeLand, FL 32720	report fee	MO	Add	\$75.00
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