

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) J. R. REED
Name

(2) 1121 N. 20th AVE
Address (number and street)

HOLLYWOOD, FLA. 33520
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MAYOR

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 12/22/07 To 1/4/08 Report Type G-3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ 0

(8) Other Distributions J.W.R.
\$ 6633.05

(9) TOTAL Monetary Contributions To Date
\$ 6750.00

(10) TOTAL Monetary Expenditures To Date
\$ 6633.05

(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) J. R. REED

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X J. R. Reed
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) J. R. REED

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X J. R. Reed
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name J. R. REED (2) I.D. Number _____
 (3) Cover Period 12, 22, 07 through 1, 4, 08 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name J. R. REED

(2) I.D. Number _____

(3) Cover Period 12/22/07 through 1/14/08

(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	NONE				
11					
11					
11					
11					
11					