

**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. 33020  
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

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/1/05 To 9/30/05 Report Type 03

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 0

Loans    \$ \_\_\_\_\_

Total Monetary    \$ 0

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 0

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ 0

(8) Other Distributions    \$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 100.00

(10) TOTAL Monetary Expenditures To Date  
\$ 0

**(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

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)

J. R. Reed  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name J. K. REED

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/1/05 through 9/30/05

(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
7/1/05	NONE				
9/30/05	NONE				
1/1					
1/1					
1/1					
1/1					
1/1					

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name J. R. REED (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 1 1 05 through 9 1 30 05 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
7 1 1 05	NONE						
9 1 30 05	NONE						
1 1							
1 1							
1 1							
1 1							
1 1							