

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

(1) JACK W. 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
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/06 To 3/31/06 Report Type Q-1
 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
 \$ _____

(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
X Jack W. 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 Jack W Reed
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name J. R. ABED (2) I.D. Number

(3) Cover Period 1 1 06 through 3 31 06 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
			Type	Occupation				
1 / 1		NONE						
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name J. N. REEV

(2) I.D. Number _____

(3) Cover Period 1/1/06 through 3/31/06

(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
1/1	NONE				
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					