

**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
- 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 7 / 1 / 06 To 9 / 30 / 06 Report Type D-3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ ~~0~~ 2,400
 Loans \$ ~~0~~
 Total Monetary \$ 2,400
 In-Kind \$ ~~0~~

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ ~~0~~ 6,300
 Transfers to Office Account \$ ~~0~~
 Total Monetary \$ 6,300

(8) Other Distributions
 \$ ~~0~~

(9) TOTAL Monetary Contributions To Date
 \$ 350.00

(10) TOTAL Monetary Expenditures To Date
 \$ 6,300

(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.

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(Type name) J. R. REED
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) J. R. REED
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Jack M. Reed
Signature

X Jack M. Reed
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 7 1 1 0 6 through 9 1 3 0 1 0 6 (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Contributor | | (9) Contribution | (10) In-kind | (11) Amendment | (12) Amount |
|---------------------------|---|--------------------|------------|---------------------|-----------------|-------------------|------------------|
| (6) Sequence Number | Street Address & City, State, Zip Code | Type | Occupation | Type | Description | | |
| / / | J. M. A. NONE. | | | | | | _____ |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name J. R. ABE

(2) I.D. Number _____

(3) Cover Period 7 1 1 06 through 9 30 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 | J. R. ABE NONE | | | | |
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