CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) ERIC KEID	OFFICE USE ONLY						
Name	RECEIVED						
(2) 5720 NW 16 STREET	MAR 1 2 2020						
Address (number and street)  LAUSER HILL FL: 33313							
City, State, Zip Code	CITY CLERKS OFFICE						
☐ Check here if address has changed	(3) ID Number:						
(4) Check appropriate hoy(es):							
Candidate Office Sought: ComMISSIE	ONER SEAT I						
Political Committee (PC)							
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From 752 / 0/ / 2020 To	02 / 29 / 2020 Report Type: M						
	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
(c)	Monetary						
Cash & Checks \$ , ,	Expenditures \$ , , _ <b> 3d</b> 5 0 0						
	- C						
Loans \$,, <u>75</u> . <u>80</u>	Transfers to Office Account \$ , , .						
Total Monetary \$ , , .	· · · · · · · · · · · · · · · · · · ·						
Total Monotary	Total Monetary \$ , .						
In-Kind \$ , ,	<del></del> '						
	(8) Other Distributions						
	\$ , ,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$ , , 276:00	\$,,25500						
(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) L=RIC SEID	(Type name) LRIC DEID						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	☐ Charperson (only for PC and PTY)						
or election eering comm.)							
x (then)	x lene						
Signature /	Signature						

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _	CRI	c 1	810			(2) I.D. Number				
(3) Cover F	Pariod	02	Ol 202 Othrough	021	19/10-20	(A) Page	,	of	,	

(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
2 /05 /20	CHAPHIC ADVERTISING SWOP SHOP		Purc Hass FLYERS		\$ 70.00
02 /20/20	GRAPHIC ADVERTISING		POSTERS T-SHIRTS FLYERS		\$ 145.00
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