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

(1) <u>Reese</u> , E.B.	(2)ebreese					
Candidate, Committee or Party Name	I.D. Number					
(3) 820 North 9th Plaza Address (number and street) Check box if address has changed since	ParkerFL32404CityStateZip Codelast report					
 (4) Check appropriate box(es): ✓ Candidate (office sought):PARKER COUNCIL MEMBER SEAT 2 & 4 (Vote for Two) ☐ Political Committee Check if PC has DISBANDED ☐ Committee of Continuous Existence Check if CCE has DISBANDED ☐ Party Executive Committee 						
(5) REPORT IDENTIFIERS						
Cover Period: From 1/1/2007 To 3/9/2007 Report Type: M1 Image: Original Amendment Special Election Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$0.00	Monetary Expenditures \$12.80					
Loans \$100.00	Transfers to Office 0.00					
Total Monetary \$100.00	Total Monetary \$12.80					
In-Kind \$0.00	(8) Other Distributions \$0.00					
(9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date						
\$100.00	\$12.80					
(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 I certify that I have examined this report and it is true, correct and complete						
Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY of						
X	X					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS								
(1) Name	Ree	ese, E.B.			(2)	I.D. Numb	er ebre	ese
(3) Cover Peri	od <u>1/1/2007</u>	through _	3/	9/2007	(4)	Page	of	1
(5) Date (6)	(7) Full Nam (Last, Suffix, Fir		Со	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Addr City, State, Z	ess &		Occupation		In-kind Description	Amendment	
2/1/2007	Reese E.B. 820 North 9th Pl Parker, FL 32404	aza	I	Candid te	LOA			100.00
1								
DS-DE 13 (7/98		EE REVERSE F		ISTRUCTIO	 NS AND CO	DF VALUES		

(1)	Name

Reese, E.B. (2) I.D. Number ______

(3) Cover Period <u>1/1/2007</u> through <u>3/9/2007</u> (4) Page <u>1</u> of <u>1</u>

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
1/23/2007	Supervisor of Elections 205 Mosley Drive Lynn Haven, FL 32444	Petition Verification	MON		3.50
1					
2/27/2007	Supervisor of Elections 205 Mosley Drive Lynn Haven, FL 32444	Voter List	MON		9.30
2					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES