

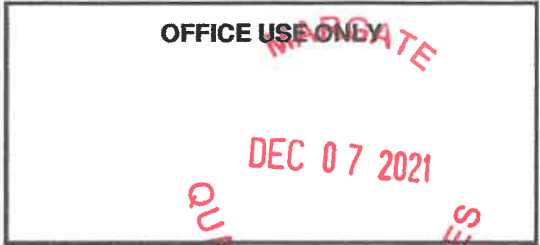
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) GARFIELD REID
Name

(2) 540 SW 62ND AVE
Address (number and street)
TALLAHASSEE FL. 33068
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner SEAT 3
- Political Committee (PC) Check here if PC or ECO has disbanded
- Electioneering Communications Org. (ECO) Check here if ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 01 / 2021 To 11 / 30 / 2021 Report Type: 2011/11

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$, 1 , 200.00

Loans \$, , .

Total Monetary \$, 1 , 200.00

In-Kind \$, , .

(7) **Expenditures This Report**

Monetary Expenditures \$, , 216.28

Transfers to Office Account \$, , .

Total Monetary \$, , 216.28

(8) **Other Distributions**
\$, , .

(9) **TOTAL Monetary Contributions To Date**
\$, 3 , 034.29

(10) **TOTAL Monetary Expenditures To Date**
\$, , 469.99

(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) TARIE REID
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Tarie Reid.
Signature

(Type name) GARFIELD REID
 Candidate Chairperson (only for PC and PTY)

X Garfield Reid
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name GARFIELD REID

(2) I.D. Number _____

(3) Cover Period 11/01/2021 through 11/30/2021

(4) Page of 1 of 1

DEC 07 2021

QUALIFYING OFFICES

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribut ion Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
11/01/2021	Ratray, Calvin and Claudette 6502 NW 16 th CT. Margate FL 33063	I		CHE			100.00
1							
11/01/2021	Rutherford, Maurice 6920 Margate Blvd. Margate FL 33063	I	Pastor	CHE			200.00
2							
11/02/2021	Cari American Services Inc. 248 NW 78 Ave Margate FL 33063	B	Nurse Administrator	CHE			500.00
3							
11/03/2021	Reid, Kirk 4291 SW 40 th St West Park FL 33023	I		MO			100.00
4							
11/10/2021	Francis, Garfield 492 Brunswick Circle Stockbridge Georgia 30281	I	Truck Driver	MO			300.00
5							
//							

MARGATE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Garfield Reid

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 21 through 11 / 30 / 21

(4) Page _____ of _____

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QUALIFYING OFFICERS

(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
11 / 15 / 21	Speedy Point 5270 N S R 7 Pt Laud. FL 33319	Tail gate wrap T shirt	CAN		111.28
11 / 27 / 21	Calvin Shaw 6080 Strawberry Fieldway Lake Worth FL 33463	marketing	CAN		75.50
11 / 30 / 21	Speedy Point 5270 N S R 7 Pt Lauderdale FL 33319	car magnet	CAN		30.00
11 /					
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