

CAMPAIGN TREASURER'S REPORT SUMMARY

MARGATE

(1) GARFIELD REID for Margate Commissioner
 Name
 (2) 540 SW 62nd Ave
 Address (number and street)
MARGATE FL 33068
 City, State, Zip Code

OFFICE USE ONLY
JAN 4 2022
QUALIFYING OFFICES

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 PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 12 / 01 / 2021 To 12 / 31 / 2021 Report Type: 2021 M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 650.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 650.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ 0, 0, 0.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ 0, 0, 0.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 3, 684.29

(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) Laric Reid

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

(Type name) GARFIELD REID

Candidate Chairperson (only for PC and PTY)

X Laric Reid.

Signature

Garfield Reid

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name Carroll Reed For Margate Commissioner (2) I.D. Number _____ **JAN 4 2022**

(3) Cover Period 12/01/2021 through 12/31/2021 (4) Page of 1 of 2

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							
12/14/2021	Donald Palmer 6785 NW 11 Ct Margate FL 33068	I		MO			50.00
1							
12/14/2021	Mitzie Gordon	I		CHE			200.00
2							
12/14/2021	Nadine Miller 6040 S Sable Cir Margate FL 33063	I		MO			100.00
3							
12/14/2021	Leacroft Legister 67125 S Parkway Margate FL 33068	I		MO			50.00
4							
12/14/2021	Estelle Harris 540 SW 62 nd Ave Margate FL 33068	I		MO			50.00
5							
12/21/2021	Edwige Saint – Preux Sunrise FL	I		CHE			50.00
6							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name CHARLES REID FOR TALLAHASSEE COMMISSIONER (2) I.D. Number _____

(3) Cover Period 12/01/2021 through 12/31/2021 (4) Page of 2 of _____

JAN 4 2022

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							
12/22/2021	D & J Feeding Tree 904 N 30 th Rd Hollywood FL 33021	B		CHE			50.00
7							
12/22/2021	Joan Reid 8801 165 th St Opa Locka FL 33054	I		CHE			100.00
8							