

RECEIVED

APR 11 2016

CAMPAIGN TREASURER'S REPORT SUMMARY

City Clerk

(1) KEITH COHERDY
Name
(2) 927 4TH AVE NORTH
Address (number and street)
JAX BEACH, FL, 32250
City, State, Zip Code

RECEIVED
OFFICE USE ONLY
APR 8 2016
City Clerk

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 03/01/16 To 03/31/16 Report Type: 2016 R3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0.00

Loans \$, , 0.00

Total Monetary \$, , 0.00

In-Kind \$, , 0.00

(7) Expenditures This Report

Monetary Expenditures \$, , 0.00

Transfers to Office Account \$, , 0.00

Total Monetary \$, , 0.00

(8) Other Distributions

\$, , 0.00

(9) TOTAL Monetary Contributions To Date

\$, 4 , 000.00

(10) TOTAL Monetary Expenditures To Date

\$, , 0.00

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

X [Signature]
Signature

(Type name) KEITH COHERDY
 Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KEITH COHEN

(2) I.D. Number _____

(3) Cover Period 03/01/16 through 03/31/16

(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
(6) Sequence Number					
//	NOTHING TO REPORT				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KEITH COHLETT (2) I.D. Number _____

(3) Cover Period 03/01/16 through 03/31/16 (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		
/ /	NOTHING TO REPORT.						
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