

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) KEITH COHERTY
 Name
 (2) 927 4TH AVE NORTH
 Address (number and street)
Jacksonville Beach, FL 32250
 City, State, Zip Code

OFFICE USE ONLY *5/20/16*

due to clerical mis-filing, Candidate was asked to re-submit Report M-1. All contributions or expenditures were noted for months prior or after Report M-1.

Check here if address has changed

(3) ID Number: N/A

(4) Check appropriate box(es):

- Candidate Office Sought: City Council Seat # 3, District # AT-LARGE
- Political Committee (PC)
- 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 11 / 1 / 15 To 11 / 30 / 15 Report Type: M-1

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

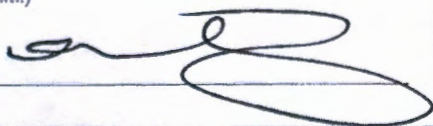
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) KEITH COHERTY

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

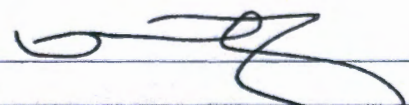
X
Signature



(Type name) KEITH COHERTY

Candidate Chairperson (only for PC and PTY)

X
Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KENTH JOHNSON (2) I.D. Number ^{N/A} _____

(3) Cover Period 11 / 1 / 15 through 11 / 30 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /	NOTHING TO REPORT.						
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KEITH JOHNSON

(2) I.D. Number ^{N/A} _____

(3) Cover Period 11 / 1 / 15 through 11 / 30 / 15

(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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