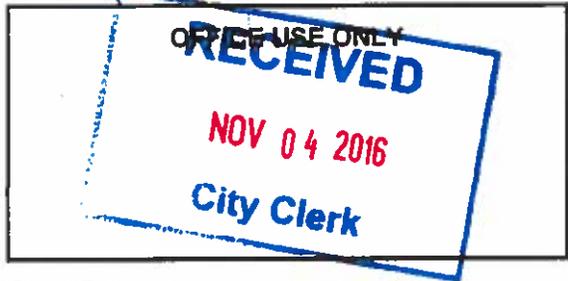


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Keith Doherty
 Name
 (2) 927 4th Avenue North
 Address (number and street)
Jacksonville Beach, FL, 32250
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: City Council Seat 3 At-Large
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or 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 10 / 22 / 2016 To 11 / 03 / 2016 Report Type: 2016-G7

Original Amendment Special Election Report

(6) Contributions This Report

| | | | | | | | | |
|----------------|----|-----|---|-----|---|-----|---|----|
| Cash & Checks | \$ | ___ | , | ___ | , | 000 | . | 00 |
| Loans | \$ | ___ | , | 4 | , | 000 | . | 00 |
| Total Monetary | \$ | ___ | , | 4 | , | 000 | . | 00 |
| In-Kind | \$ | ___ | , | ___ | , | 0 | . | 00 |

(7) Expenditures This Report

| | | | | | | | | |
|-----------------------------|----|-----|---|-----|---|-----|---|----|
| Monetary Expenditures | \$ | ___ | , | ___ | , | 000 | . | 00 |
| Transfers to Office Account | \$ | ___ | , | ___ | , | 0 | . | 00 |
| Total Monetary | \$ | ___ | , | ___ | , | 000 | . | 00 |

(8) Other Distributions
 \$ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ ___ , 23 , 250 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ ___ , 15 , 278 . 84

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

X
 Signature

(Type name) Keith Doherty
 Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KEITH DOHERTY

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 2016 through 11 / 04 / 2016

(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 THIS SEQUENCE | | | | |
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