

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reynold Dieuveille
 Name

(2) 3461 SW 52 Ave
 Address (number and street)

Pembroke Park FL 33023
 City, State, Zip Code

OFFICE USE ONLY
Town of Pembroke Park
Clerk's Office
FEB 17 2023
Received

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commission, Dist 4
- 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 2 / 1 / 23 To 2 / 10 / 23 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, ~~_____~~

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, ~~_____~~

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 42.26

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

(Type name) Reynold Dieuveille
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Reynold Dieuwille (2) I.D. Number _____

(3) Cover Period 2/1/23 through 2/10/23 (4) Page _____ of _____

(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					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Reynold Dieuveille (2) I.D. Number _____

(3) Cover Period 2 / 1 / 23 through 2 / 10 / 23 (4) Page _____ of _____

(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		Amount
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