

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paul Grogan  
 Name

(2) 510 E Turner Camp Rd  
 Address (number and street)

Inverness, FL 34450  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1300012]

Submitted on:  
 10/7/2023 15:27:43 (eastern)

Check here if address has changed

(3) ID Number: 564

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 5
- 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 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: Q3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 100 . 00

Total Monetary \$        ,        , 100 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 22 . 25

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 22 . 25

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 22 . 25

### (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) \_\_\_\_\_

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

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Paul Grogan (2) I.D. Number 564

7/1/2023 through 9/30/2023

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (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
8/17/2023 / /	Grogan , Paul Micheal 510 e Turner camp rd Inverness, Fl 34450	I		LO			\$100.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Paul Grogan

(2) I.D. Number 564

(3) Cover Period 7/1/2023 through 9/30/2023

(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					
8/25/2023 //	Clarke, Harland 00000 Beverly Hills, Fl 34465	checks ordered	MO		\$22.25
1					
//					
//					
//					
//					
//					
//					
//					