CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Gary Cox	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1297934]						
(2) 509 Maryland Blvd	Submitted on:						
Address (number and street) Mexico Beach, FL 32456	7/5/2023 15:07:48 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:604						
(4) Check appropriate box(es):							
<ul> <li>Candidate Office Sought: <u>Mexico Beach Council Member Group 2</u></li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>							
(5) Report Identifiers							
Cover Period: From <u>12</u> / <u>1</u> / <u>2022</u> To	<u>12</u> / <u>31</u> / <u>2022</u> Report Type: <u>M12</u>						
🗌 Original 🛛 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , _5 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,000						
Total Monetary       \$	Total Monetary \$ , , , , 00						
······································	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>850</u> . <u>00</u>	\$,, <u>784</u> .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)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Gary Cox</u> (2) I.D. Number					r6	604	
	12/1/2022		1	2/31/2022			
(3) Cover Perio	od / /	thro	bugh	11	(4) Pag	e	of
1		r.		1			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		•
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
1 1	-						
1 1	-						
			-				
1 1	-						
2 2							
1 1	-						
1 1	-						
							12
1 1							
1 1	-						
1			• • •				
1 1							
1 1	-						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Gary	CAMPAIGN TREASURER'		EXPENDITURES 2) I.D. Number604		
(3) Cover Period	12/1/2022 1/through_	12/31/2022 //	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	Centennial, 101 15th Street Mexico Beach, Fl 32456	service charge	MO	Add	\$5.00
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_/ /					
_ / /					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES