	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Gary Cox	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	509 Maryland Blvd	Submitted on:						
	Address (number and street) Mexico Beach, FL 32456	7/5/2023 15:09:55 (eastern)						
	City, State, Zip Code	<del></del>						
	☐ Check here if address has changed	(3) ID Number: 604						
(4)	Check appropriate box(es):	(6) 12 (44)11661.						
(4)	☐ Candidate Office Sought: Mexico Beach	Council Member Group 2						
	Political Committee (PC)	Council Member Group 2						
	☐ 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						
		Identifiers						
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2023}$ To	1 / 31 / 2023 Report Type: M1						
0	riginal X Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , 5 . 00						
Loor	ns \$ , , 0.00	Transfers to						
Loar	, , , , , , , , , , , , , , , , , , ,	Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , , 0 . 00	, , , , , ,						
		Total Monetary \$ , , 5 . 00						
In-Ki	nd \$ , , 0.00							
		(8) Other Distributions						
		\$ , , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(-)	\$, 850.00	\$ , , 789.00						
	(11) Cert							
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:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Gary Cox	(2) I.D. Number							
	1/1/2023		1	/31/2023					
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Page	e <u>1</u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
	No. G	27 40		9472	S-1	,			
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Gary Cox					 (2) I.D. Nur	nber	604			
		1/1/20	23		1/31/2	023		-			
(3) Cover Per	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/20/2023	Centennial, 101 15th Street Mexico Beach, Fl 32456	service charge	MO	Add	\$5.00
1	Mexico Beach, F1 32430				
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DS-DE 14 (Rev.					