CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Gary Cox	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1297940]						
(2) 509 Maryland Blvd	Submitted on:						
Address (number and street) Mexico Beach, FL 32456	7/5/2023 15:16:20 (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>4</u> / <u>14</u> / <u>2023</u> To	7 / <u>17</u> / <u>2023</u> Report Type: <u>MTR</u>						
☑ Original       ☐ Amendment       ☐ Special 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>850</u> . <u>00</u>						
(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) (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 <sub>604</sub>				
	4/14/2023			/17/2023				
(3) Cover Perio	od/ /	thro	bugh	1 1	(4) Paq	<b>e</b> 1	of <sup>0</sup>	
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(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name						()	
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Gary	CAMPAIGN TREASURER'	(	) EXPENDIT 2) I.D. Number	604	
(3) Cover Period	4/14/2023 I/through_	7/17/2023	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
4/25/2023 1	cox, Cathy Ruth 509 Maryland Blvd Mexico Beach, Fl 32456-0148	bill for signs	DI		\$46.00
4/20/2023	Centennial Bank, 101 15th Street Mexico Beach , FL 32456	service charge	МО		\$5.00
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11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES