CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) FUNDING OUR FUTURE Chairman - Dianna								
Name	ONLINE SUBMISSION [1263735]							
(2) 210 N. Marion Avenue	Submitted on:							
Address (number and street) Lake City, FL 32055	6/10/2022 09:27:21 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: <u>1266</u>							
(4) Check appropriate box(es):								
Candidate Office Sought:								
Political Committee (PC)	Check have if DC as ECO has disharded							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>5</u> / <u>1</u> / <u>2022</u> To	5 / <u>31</u> / <u>2022</u> Report Type: <u>M5</u>							
Image: Special Election Report								
(6) Contributions This Report (7) Expenditures This Report								
	Monetary							
Cash & Checks \$,, 300 . 00	Expenditures \$,,00							
Loans \$,, <u>0</u> .00	Transfers to							
	Office Account \$, , 0.00							
Total Monetary \$,, 300.00								
	Total Monetary \$,,,0 . 00							
In-Kind \$,, 0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>11</u> , <u>500</u> . <u>00</u>	\$,,000							
(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							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name						266
	5/1/2022 5/31/2022						
(3) Cover Perio	od//	thr	ough	1 1	(4) Pag	le 1	of ¹
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(5)	(7)	ſ	(8)	(9)	(10)	(11)	(12)
Date	Full Name		(-)	(5)	((C. 5)	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	l c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
	Mobley, Philip		manager	СН			\$300.00
5/10/2022	1327 NW Scenic Lake Dr		northstar				
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name_FUNDING_OUR_FUTURE_Chairman - Dianna_Swisher (2) I.D. Number1266								
(3) Cover Period	5/1/2022 / / through	5/31/2022 // (4	4) Page <u>1</u>	of_	0			
(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			
_/ /								
_/ /								
_/ /								
11								
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