CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Paul N Gainey	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	P.O. Box 1205	Submitted on:							
	Address (number and street) Cross City, Fl 32628	6/9/2022 15:39:21 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 208							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: School Board Member - District 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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							
Cove	er Period: From <u>5</u> / <u>1</u> / <u>2022</u> To	5 / 31 / 2022 Report Type: <u>M5</u>							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota In-Ki	I Monetary \$,,,0 on	Total Monetary \$, , _11 . 70							
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$, , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$,,,,,,,,,								
(T	(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								
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Paul N Gainey				2) I.D. Numbe	r	0.8
	5/1/2022		5	/31/2022			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	a 1	of
4							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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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 Pau	ıl N	Gaine	У				 (2) I.D. Nun	nber	2	208	
		5/1/20)22		5/31,	/2022					
(3) Cover Peri	od	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
5/10/2022	Supervisor of Elections, 229 NE Hwy 351 Suite A Cross City, Fl 32628	petition verification	MO		\$11.70
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DS-DE 14 (Rov					