CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Paul N Gainey	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1268931]						
(2) P.O. Box 1205	Submitted on:						
Address (number and street) Cross City, Fl 32628	7/13/2022 10:29:02 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 208						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>School Board Member - District 3</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From <u>6</u> / <u>18</u> / <u>2022</u> To	9 / <u>15</u> / <u>2022</u> Report Type: <u>TR2</u>						
🖾 Original 🔄 Amendment 🔄 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$,, <u>88</u> .30						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , <u>88</u> . <u>30</u>						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>100</u> . <u>00</u>	\$,, <u>100</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	Paul N Gainey		(2) I.D. Number					
	6/18/2022			9/15/2022				
(3) Cover Perio	od / /	thro	bugh	11_	(4) Page	1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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1 1	-							
1 1								
1 1								
1 1	_							
1 1	_							
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Paul	CAMPAIGN TREASURER' N Gainey	() EXPENDIT 2) I.D. Number	208	
(3) Cover Period	6/18/2022 I/through_	9/15/2022 //	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
7/13/2022	Gainey, Paul P.O Box 1205 Cross City, Fl 32628	return of unused contribution	RE		\$88.30
_/ /					
_/ /					
_/ /					
_/ /					
_/ /					
11					
11					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES