

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Johnny Gaffney
Name
(2) P.O. Box 28300
Address (number and street)
Jacksonville, FL 32226
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1018247]
Submitted on:
7/8/2010 16:50:46 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 216

(4) Check appropriate box(es):
 Candidate (office sought): City Council District 7
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2010 To 6/30/2010 Report Type Q2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2,000.00
 Loans \$ 0.00
 Total Monetary \$ 2,000.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 0.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 5,750.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Johnny Gaffney (2) I.D. Number 216

4/1/2010 6/30/2010

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
5/24/2010 / /	Physician's Medical Center N, 1840 Dunn Ave, Suite 1 Jacksonville, FL 32218	B	medical	CH			\$500.00
1							
6/11/2010 / /	Vereen, Lewis D 980 Chalmet Lane Jacksonville, FL 32218	I	medical	CH			\$500.00
2							
6/11/2010 / /	Vereen, Bertie Y 980 Chalmet Lane Jacksonville, FL 32218	I	medical	CH			\$500.00
3							
6/22/2010 / /	Firm, Chestnut The 500 E University Ave Suite C Gainesville, Fl 32601-3458	B	attorney	CH			\$500.00
4							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Johnny Gaffney

(2) I.D. Number 216

(3) Cover Period 4/1/2010 through 6/30/2010

(4) Page 1 of 0

(5) Date	(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
(6) Sequence Number					
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