CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Reggie Gaffney	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	https://www.reelectreggie.com/; 518 Lo	ora St. Submitted on:								
	Address (number and street)	6/17/2019 08:44:36 (eastern)								
	Neptune Beach, FL 32266									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:778								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: City Council District 7 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed individual making electioneering communications) 									
	(5) Report	Identifiers								
Cove	er Period: From 3 / 1 / 2018 To									
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	h & Checks \$, , 0 . 00	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota In-Ki	I Monetary \$,,,0	Total Monetary \$, , , 00								
111-1	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$, 113, 175 \cdot 00									
(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									
X Si	gnature	X Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Reggie Gaffney				2) I.D. Numbe	er <u>7</u>	78
	3/1/2018 od / /		3	/31/2018 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1							
1 1							
J I							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Reggie	Gaffne	ey.				 (2) I.D. Nun	nber	7	178	
		3/1/20	18		3/31/20	018					
(3) Cover P	eriod	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
3/13/2018	FIRST DATA MERCHANT SERVICES, FIRST DATA MERCHANT PO Box 8879 Coral Springs, FL 33075	fee refunded	МО	Add	\$-1.00
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