	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Jim Gallo	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	49 Front St	Submitted on:						
	Address (number and street)	10/5/2016 20:27:35 (eastern)						
	Palm Coast, Fl 32137	25,5,2525 25 21 22 (22222 ,						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:360						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Grand Haven CI	DD Seat 2						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ 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						
Cov	• • • •							
	rer Period: From 9 / 17 / 2016 To							
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$, , ,000	Expenditures \$, , <u>358</u> . <u>00</u>						
•	425 00							
Loar	ns \$, <u>425</u> . <u>00</u>	Transfers to Office Account \$						
T.4-	425 00	Office Account \$, , , 0 . 00						
lota	al Monetary \$, , <u>425</u> . <u>00</u>	Total Monetary \$. 358.00						
T. (Z:	· · • 0 00	Total Monetary \$, , <u>358</u> . <u>00</u>						
In-Ki	ind \$,, <u>0</u> . <u>00</u>							
	1	(8) Other Distributions \$, , 0.00						
-		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$,, <u>815</u> . <u>90</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:								
_(T	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
01	electioneering comm.)							
X		x						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jim Gallo				2) I.D. Numbe	er3	60
	9/17/2016		9	/30/2016			
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	je <u> </u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) pontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
9/22/2016	gallo, jim 49 front st	S	candidate, not	LO	Southern activities of the first state of the first		\$425.0
1, 201	palm coast, fl 32137		working				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jim	Jim Gallo						 (2) I.D. Nur	nber	360		
	9.	/17/20)16		9/30/20	016					
(3) Cover Perio	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
9/24/2016	palm coast observer, 1 florida Park dr palm coast, fl 32137	advertisement	MO		\$358.00
1	paim coast, ii 32137				
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