CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Jim Gallo	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	49 Front St	[1109381]							
	Address (number and street)	Submitted on:							
	Palm Coast, Fl 32137	6/29/2016 10:11:29 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:360							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: Grand Haven CDD Seat 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	(5) Report	Identifiers							
Cove	er Period: From 6 / 1 / 2016 To	6 / 24 / 2016 Report Type: P1							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar	s \$, <u>2</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$,2 , _00000	Total Monetary \$, 25 . 00							
In-Ki	and \$,,, <u>0</u> .00								
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,2,00000	\$,, <u>25</u> . <u>00</u>							
<u>(T</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) Individual (only for IE Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY)								
or	electioneering comm.)								
<u>X</u>		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jim Gallo		((2) I.D. Number				
(3) Cover Perio	6/1/2016 od / /	thro		/24/2016 //_	(4) Pag	e	of _1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupati		Contribution Type	In-kind Description	Amendment	Amount	
6/21/2016	gallo, jim 49 front street palm coast, fl 32137		none	LO			\$2,000.0	
1								
J I								
1 1								
I I								
f f								
I I								
J 1								
1 1								
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VAL	UES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jim	Jim Gallo						 (2) I.D. Nur	nber	360		
	6/	1/20	16		6/24/2	016					
(3) Cover Period	d	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
6/21/2016	flagler supervisor of election,	filing fee	MO		\$25.00
1	1769 e moody blvd bunnell, fl 32110				
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DS-DE 14 (Rev.	11/13 \				