CAMPAIGN TREASUR	ER'S REPORT SUMMARY						
(1) Paul Mucciolo Name (2) 81 Bridle Ridge Ct Address (number and street) Flagler Beach, F1 32136 City, State, Zip Code Check here if address has changed (3) ID Number: 523  (4) Check appropriate box(es): Candidate Office Sought: School Board District 3 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)							
Cover Period: From 6 / 27 / 2020 To	ort Identifiers  o 7 / 10 / 2020 Report Type: P3  pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,, 600 . 00  Loans \$,, 0 . 00  Total Monetary \$,, 600 . 00  In-Kind \$,, 0 . 00	Monetary Expenditures \$,, 43 . 05  Transfers to Office Account \$,, 0 . 00  Total Monetary \$,, 43 . 05						
	(8) Other Distributions \$ , , 000						
(9) TOTAL Monetary Contributions To Date \$,25_,95000_	(10) TOTAL Monetary Expenditures To Date \$ ,1 ,41565						
	ertification rson to falsify a public record (ss. 839.13, F.S.)  prrect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)  X  Signature						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Paul Mucci	olo				2) I.D. Number		523	
	6/27/	2020		7/10/	2020				
(3) Cover Perio	nd /	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

(5) Date	(7) Full Name	1	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/1/2020	Fischer, John 45 Freeland Ln Palm Coast, FL 32137	Î		СН			\$50.0
7/3/2020	Conte, Judy 3580 S Ocean Shore Blvd Apt 404 Flagler Beach, FL 32164	I		СН			\$50.0
7/6/2020	Wakeman, Peter 305 Memorial Medical Parkwa Ste 305 Daytona Beach, FL 32174		self employed	СН			\$500.0
I I							
1 1							
l l							
J I							
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Paul	Mucciol	)				(2) I.D. N	umber	!	523	-
	6/27/2	020		7/10/20	020	~ ~ ~				
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
7/1/2020	Main Street Checks, 920 19th St N Birmingham, AL 35203	checks	MO		\$22.75
7/6/2020	Anedot, 1340 Poydras St Ste 1770 New Orleans, LA 70112	fundraising expense	МО		\$20.30
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev	2222				