

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jane Gentile-Youd  
 Name  
 (2) 3 Magnolia Dr. N. (Flagler County)  
 Address (number and street)  
Ormond Beach, Fl 32174  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1291793]

Submitted on:  
 2/3/2023 09:58:23 (eastern)

Check here if address has changed (3) ID Number: 563

(4) Check appropriate box(es):

Candidate Office Sought: County Commission District 4

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 11 / 4 / 2022 To 2 / 6 / 2023 Report Type: TRG

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 78 . 30

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 78 . 30

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 789 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 5 , 789 . 00

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jane Gentile-Youd (2) I.D. Number 563

11/4/2022 through 2/6/2023

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jane Gentile-Youd

(2) I.D. Number 563

(3) Cover Period 11/4/2022 through 2/6/2023

(4) Page 1 of 1

(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					
11/5/2022 / /	Ask Flagler, 389 Palm Coast Parkway SW Ste. 3-A Palm Coast , FL 32137	ad nov 1 through nov 8	MO		\$50.00
1					
2/3/2023 / /	Gentile-Youd, Jane 3 Magnolia Drive North Plantation Bay Ormond Beach, fl 32174	refund loan to self	MO		\$28.30
2					
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