	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Jeffrey O'Pry	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	2220 Indiana Ave	Submitted on:						
	Address (number and street)	8/8/2024 22:13:11 (eastern)						
	Grand Ridge, F1 32442							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:350						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Sheriff							
	☐ 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						
Cove	er Period: From 7 / 27 / 2024 To	8 / 2 / 2024 Report Type: P6						
X O		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-,	Contributions time respect	Monetary						
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 190 . 00						
•	7 C C C C C C C C C C C C C C C C C C C	· — · — · — —						
Loar	ns \$,,, <u>0</u> .00	Transfers to						
		Office Account \$, , 0 . 00						
Tota	ll Monetary \$, , , 000							
		Total Monetary \$, , <u>190</u> . <u>00</u>						
In-Ki	ind \$,, <u>105</u> . <u>00</u>							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>11</u> , <u>467</u> . <u>40</u>	\$, 11 , 461 . 70						
	(11) Cert							
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	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	,							
<u>X</u>		X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	frey 0	9;Pry			76 <u></u>	(2) I.D. Number		350		13
	7/27/202	24		8/2/2	2024					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5) Date (6) Sequence	Date Full Name (6) (Last, Suffix, First, Middle)		(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
8/2/2024 /	Wells, Joseph 7693 Old Spanish Trail Sneads, Fl 32460	Type	retired	IK	booth fee at marianna food truck friday		\$25.0	
8/2/2024	Wells, Joseph 7693 Old Spanish Trail Sneads, Fl 32460	I	retired	IK	peanuts		\$80.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeff	rey 0	9;Pry				(2) I.D. N	umber		350	300
	7/27/	2024		8/2/202	4	~ ~ ~				
(3) Cover Period	d /	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
7/30/2024	Rabon, Kristie 6290 Express Road Grand Ridge, FL 32442	benefit fundraiser	МО		\$100.00
1			-	-	
7/30/2024	Rabon, Kristie 6290 Express Road Grand Ridge, FL 32442	cake auction benefit	МО		\$90.00
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