	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Lori Martin Gregory	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION [1255469]								
(2)	1621 NE 2nd Street; Unit 503	Submitted on:								
	Address (number and street)	2/11/2022 11:44:08 (eastern)								
	Ocala, Fl 34470	2,11,2012 12 11 00 (0020011)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 602								
(4) Check appropriate box(es):										
		- 4 - Special Election Ocala								
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded								
	Party Executive Committee (PTY)	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		10 / 1 / 2021 Report Type: R1								
□ 0		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(0)	Contributions Time Report	Monetary								
Cast	n & Checks \$, , 0 . 00	Expenditures \$, , -38 . 20								
J uo.	, , , ,	· · · · · · · · · · · · · · · · · · ·								
Loar	ns \$,,,000	Transfers to								
		Office Account \$, , 0 . 00								
Tota	I Monetary \$,,									
		Total Monetary \$, ,38 . 20								
In-Ki	nd \$,, <u>0</u> .00									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, 36, 726. 00	\$, <u>35</u> , <u>281</u> . <u>36</u>								
	(11) Cert It is a first degree misdemeanor for any pers									
1		• • • • • • • • • • • • • • • • • • • •								
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)								
X		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lori Martin Gregory				2) I.D. Numbe	r6	02
	9/17/2021		1	0/1/2021			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Page	a <u>1</u>	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence	Street Address &		ontributor	Contribution	In-kind	**************************************	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	Lori	Martin	Gregor	У			 (2) I.D. Nun	nber	6	502	
		9/17/	2021		10/1/2	021					
(3) Cover P	eriod	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	
9/17/2021	Venmo, 95 Morton Street Floor 5 New York, NY 10014	bank fee	МО	Delete	\$19.10	
9/17/2021	Venmo, 95 Morton Street Floor 5 New York, NY 10014	bank fee	МО	Add	\$0.00	
9/28/2021	Venmo, 95 Morton Street Floor 5 New York, NY 10014	bank fees for donations	МО	Delete	\$19.10	
9/28/2021	Venmo, 95 Morton Street Floor 5 New York, NY 10014	bank fees for donations	МО	Add	\$0.00	
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