

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) UNITED STATES PAIN ALLIANCE
 Name
 (2) 3110 SE 38TH ST
 Address (number and street)
OCALA, FL 34480
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1094024]

Submitted on:
 11/13/2015 19:37:13 (eastern)

Check here if address has changed

(3) ID Number: 288

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 1 / 2015 To 10 / 31 / 2015 Report Type: M10C

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 40 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 40 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 40 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 40 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 40 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 40 . 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 UNITED STATES PAIN ALLIANCE (2) I.D. Number 288

10/1/2015 through 10/31/2015

(3) Cover Period / / through / / (4) Page 1 of 1

(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
10/2/2015 / /	Cordrey, Betty 3110 SE 38 ST Ocala, FL 34480	I		CA			\$40.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name UNITED STATES PAIN ALLIANCE

(2) I.D. Number 288

(3) Cover Period 10/1/2015 through 10/31/2015

(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					
10/4/2015 //	Shell Oil, Hwy 484 Ocala, FL	fuel fot trip to tampa board meeting	MO		\$40.00
1					
//					
//					
//					
//					
//					
//					
//					
//					