

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
 [1095261]

Submitted on:
 12/29/2015 11:42:16 (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 11 / 1 / 2015 To 11 / 30 / 2015 Report Type: M11C

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 \$ _____ , _____ , 0 . 00

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

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 90 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 90 . 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
 11/1/2015 through 11/30/2015
 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
11/15/2015 / /	Cordrey, Skip 5451 Angolnia Terrace Land O Lakes , FL 34638	I		CA		Add	\$30.00
1							
11/15/2015 / /	Puzke, J 3437 SE Ft King Ocala, FL 34470	I		CA		Add	\$20.00
2							
11/15/2015 / /	Puzke, J SE Ft King Ocala, FL 34472	I		CA		Delete	\$20.00
3							
11/15/2015 / /	Cordrey, Skip N HWY 54 Tampa, FL 33670	I		CA		Delete	\$30.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name UNITED STATES PAIN ALLIANCE

(2) I.D. Number 288

(3) Cover Period 11/1/2015 through 11/30/2015

(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
11/28/2015 //	Shell Oil, 3928 SE 36 Ave Ocala, FL 34471	orlando trip to wesh 2	MO	Add	\$10.00
1					
11/19/2015 //	Shell Oil, Hwy 484 Ocala, FL 34472	fuel for trip to meet d.k. in tallahassee	MO	Delete	\$40.00
2					
11/19/2015 //	Shell Oil, 1350 SE Hwy 484 Ocala, FL 34480	fuel for trip to meet d.k. in tallahassee	MO	Add	\$40.00
3					
11/28/2015 //	Shell Oil, 36 and Marricamp Rd Ocala, FL 34480	orlando trip to wesh 2	MO	Delete	\$10.00
4					
//					
//					
//					
//					