CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Gary W. (Buck) Joiner	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	7256 Cypress Knoll Dr	Submitted on:							
	Address (number and street)	8/6/2020 10:30:38 (eastern)							
	New Port Richey, FL 34653								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 1248							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: Mosquito Control, Seat 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PC or ECO has disbanded ☐ 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 ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE or EC reports								
	(5) Report	Identifiers							
Cove	er Period: From 7 / 25 / 2020 To	7 / 31 / 2020 Report Type: P6							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	Cash & Checks \$, , <u>500</u> . <u>00</u> Monetary Expenditures \$, , <u>0</u> . <u>00</u>								
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>500</u> . <u>00</u>								
In-Ki	and \$,, <u>0</u> .00	Total Monetary \$, , 0 . 00							
		(8) Other Distributions \$, , 000_							
(9) TOTAL Monetary Contributions To Date \$, 5 , _60000 \$ \$, , , , , , ,31									
(T)	(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								
X Si	gnature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	ame				(2) I.D. Number						
	7/25/2020)		7/31/20	020						
(3) Cover Perio	nd /	1	through	1	1	(4) Page	1	of $\frac{1}{2}$	L		

1		r				T T	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
7/28/2020	MICKLER, LAURA M PO BOX 975 LACOOCHEE, FL 33537	Í	cattleman	СН	54		\$200.00
1							
7/28/2020 / /	KEELER FENCE, 30630 DARBY RD DADE CITY, FL 33525	В	fencing company	СН			\$150.00
2							
7/28/2020	WELL BUILT HOMES INC,	В	constructi on	. CH			\$150.00
3	9400 RIVER CROSSING BLVD SUITE 102 NEW PORT RICHEY, FL 34655						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gary			r	(2) I.D. N			1248		
(3) Cover Period	7/25/202 d/	20 /	through 7/31	/2020 /	(4) Page	11	of	0	
(5)		(7)		(8)	(9)	(10)	(11)	_

(5) Date	(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
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