

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kristine Mary Gray
 Name

(2) _____
 Address (number and street)

 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1249495]

Submitted on:
 9/24/2021 16:32:13 (eastern)

Check here if address has changed (3) ID Number: 761

(4) Check appropriate box(es):

Candidate Office Sought: Daytona Beach Commissioner Zone 2

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 9 / 17 / 2021 To 12 / 20 / 2021 Report Type: TRP

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 \$ _____ , _____ , 105 . 37

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

Total Monetary \$ _____ , _____ , 105 . 37

(8) Other Distributions
 \$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 300 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 300 . 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 Kristine Mary Gray (2) I.D. Number 761

9/17/2021 through 12/20/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kristine Mary Gray

(2) I.D. Number 761

(3) Cover Period 9/17/2021 through 12/20/2021

(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					
9/24/2021 / /	Gray, Kristine ***Protected Voter***	reimburse loan to self	RM		\$105.37
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