

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**(1)** Gainer, George B **(2)** gainer1  
Candidate, Committee or Party Name I.D. Number

**(3)** \_\_\_\_\_ 0  
Address (number and street) City State Zip Code  
 Check box if address has changed since last report

**(4)** Check appropriate box(es):  
 Candidate (office sought): COUNTY COMMISSION, DISTRICT 2  
 Political Committee  Check if PC has DISBANDED  
 Committee of Continuous Existence  Check if CCE has DISBANDED  
 Party Executive Committee

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2006 To 6/30/2006 Report Type: Q2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 5,000.00  
*Total Monetary* \$ 5,000.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 315.00  
 Transfers to Office Account \$ 0.00  
*Total Monetary* \$ 315.00  
**(8)** Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions to Date**

\$ 5,000.00

**(10) TOTAL Monetary Expenditures to Date**

\$ 315.00

**(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

Name of  Treasurer  Deputy Treasurer

**X**

Signature

I certify that I have examined this report and it is true, correct and complete

Name of  Candidate  Chairman (PC/PTY only)

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gainer, George B (2) I.D. Number gainer1  
 (3) Cover Period 4/1/2006 through 6/30/2006 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
6/16/2006 1	Gainer George B 720 w. Beach Dr. Panama City, Fl 32401	I	Candid ate	LOA			5,000.00

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Gainer, George B

(2) I.D. Number gainer1

(3) Cover Period 4/1/2006 through 6/30/2006

(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
6/16/2006	BAY COUNTY SUPERVISOR OF ELECTIONS 205 Mosley Dr Lynn Haven, Fl 32444	Petitions Verification	MON		115.00
1					
6/19/2006	BAY COUNTY SUPERVISOR OF ELECTIONS 205 MOSLEY DR LYNN HAVEN, FL 32444	PETITIONS VERIFICATION AND COPIES	MON		200.00
2					