	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Bill Kinsaul	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION [1195471]						
(2)	P.O. Box 968							
	Address (number and street)	Submitted on: 12/4/2019 17:11:07 (eastern)						
	Lynn Haven, FL 32444	12/1/2015 1/11110/ (Cascelli,						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 467						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Clerk Of The C	Court						
	Political Committee (PC)	Charle have if DC as ECO has dishanded						
	☐ 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	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove								
N O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$ , , ,000	Expenditures \$ , , <u>414</u> . <u>29</u>						
•	• 0 00							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tato	al Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00						
Tota	Il Monetary \$,,,0	Total Monetary \$ , 414 . 29						
In Ki	\$ 0.00	Total Monetary \$ , , 414 . 29						
In-Ki	ind \$,,,000	(O) Other Dietaihtiene						
		(8) Other Distributions \$ , , 000_						
		Ψ , ,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$,, <u>414</u> . <u>29</u>						
		12-20 12						
	(11) Cert It is a first degree misdemeanor for any pers							
١،								
I certify that I have examined this report and it is true, correct, and complete:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		×						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bill Kinsaul (2) I.D. Number 467								
	11/1/2019 od///		1	1/30/2019 //	(4) Pag	e <u>1</u>	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendirent	Amount	
1 1								
1 1								
j j								
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1 1								
1 1								
J I								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _B	Bill	Kins	aul	110					(2) I.D. N	umber		467	
		11/	1/2	019			11/30	/2019					
(3) Cover Pe	eriod		I	1	thr	ough	1	1	(4) Page	1	of	1	

(5)	(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
11/5/2019	Creative Printing, 1328 Harrison Avenue Panama City, FL 32401	petitions	МО		\$264.29
1					
11/20/2019	Bay Co Supervisor of Elections, 830 W 11th Street Panama City, FL 32401	petition verification	МО		\$150.00
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