

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carl Sauls  
 Name  
 (2) 7548 Shadow Bay Drive  
 Address (number and street)  
Callaway, FL 32404  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1200180]

Submitted on:  
 2/20/2020 09:35:54 (eastern)

Check here if address has changed

(3) ID Number: 486

(4) Check appropriate box(es):

- Candidate Office Sought: Callaway Mayor
- 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 2 / 1 / 2020 To 2 / 14 / 2020 Report Type: M60D

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 200 . 00

Loans \$      ,      , 291 . 04

Total Monetary \$      ,      , 491 . 04

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

\$      ,      , 1 , 181 . 04

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 0 . 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 Carl Sauls (2) I.D. Number 486

(3) Cover Period 2/1/2020 through 2/14/2020 (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				
2/14/2020 / /	White, Bubba 6120 Hwy 22 Panama City, FL 32404	B	wrecker service	CH			\$200.00
1							
2/13/2020 / /	Sauls, Carl Lassiter 7548 Shadow Bay Drive Panama City, FL 32404	S	retired	LO			\$291.04
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carl Sauls

(2) I.D. Number 486

(3) Cover Period 2/1/2020 through 2/14/2020

(4) Page 1 of 0

(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					
/ /					
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