CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Carl Sauls	OFFICE USE ONLY							
•	Name	ONLINE SUBMISSION							
(2)	7548 Shadow Bay Drive	Submitted on:							
	Address (number and street)	7/20/2020 10:49:15 (eastern)							
	Callaway, FL 32404								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 486							
(4)	Check appropriate box(es):								
	Candidate Office Sought: Callaway Mayor	r							
	☐ 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							
		Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From 4 / 17 / 2020 To	7 / 20 / 2020 Report Type: MTR							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(-)	Continuations time Report	Monetary							
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00							
Loar	ns \$,,,000	Transfers to							
		Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , 000								
		Total Monetary \$, , 0 . 00							
In-Ki	ind \$,, 0 . <u>00</u>								
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, _ <u>1</u> , <u>540</u> . <u>00</u>	\$, <u>1</u> , <u>384</u> . <u>59</u>							
(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:									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
х		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Carl Sauls		(2) I.D. Number							
(3) Cover Perio	4/17/2020 od / /	thro	ough	/20/2020 //	(4) Pag	je <u>1</u>	of			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)			
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount			
J I				***	è					
1 1										
1 1										
J I										
J I										
J I										
f f										
1 1										

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carl	Carl Sauls					 (2) I.D. Nun	nber	486		
	4/17/	2020		7/20/20	20		-			
(3) Cover Period	1	1	through	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
5/13/2020	Sauls, Carl 7548 Shadow Bay Drive Panama City, FL 32404	closing account at bank	DI		\$84.59
5/21/2020	Bruner, Michael 6407 Winona St Panama City, FL 32404	from the bank account to help out campaign	PS		\$120.00
5/21/2020	William, Beth 821 Gay Ave. Panama City, FL 32404	from bank account to help out campaign	PS		\$120.00
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