CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Frank Mancinelli	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1200121]							
(2) 6620 Lake Drive	Submitted on:							
Address (number and street) Callaway, FL 32404	2/15/2020 10:32:42 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 499							
(4) Check appropriate box(es):								
Candidate Office Sought: Callaway Com	nissioner Ward 4							
 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	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>2</u> / <u>1</u> / <u>2020</u> To	2 / <u>14</u> / <u>2020</u> Report Type: <u>M60D</u>							
☐ Original ☐ Amendment ☐ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, 500 . 00	Expenditures \$, , <u>100</u> . <u>00</u>							
Loans \$,0.00	Transfers to							
	Office Account \$ _ , _ , _ 0 . 00							
Total Monetary \$,, 500 . 00								
	Total Monetary \$, , <u>100</u> . <u>00</u>							
In-Kind \$,, 00								
	(8) Other Distributions							
	\$, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>500</u> . <u>00</u>	\$,, <u>100</u> . <u>00</u>							
(11) Co	tiliaation							
	rtification son 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) (Type name)								
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	X							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number				
2/1/2020				/14/2020				
(3) Cover Peri	od / /	throu			(4) Page	e <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	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount	
2/13/2020 / /	Mancinelli, Frank NMI 6620 Lake Drive Callaway, FL 32404	S r	retired	CA	Description		\$500.0	
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1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Fran	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES k Mancinelli (2) I.D. Number 49							
	2/1/2020 I/ through	2/14/2020	4) Page <u>1</u>		1			
	rtinougn	<u> </u>	4) raye <u> </u>	0	<u> </u>			
(5)	(7)	(8)	(9)	(10)	(11)			
Date (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			
	City of Callaway, 6601 E. Hwyway 22 Callaway, FL 32404	qualifying	МО		\$100.00			
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