	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	James "Bat" McNeal	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	2186 Lake St	Submitted on:						
	Address (number and street)	4/9/2020 21:11:20 (eastern)						
	Lawtey, F1 32058 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 236						
(4)	Check appropriate box(es):	(b) 15 Number230						
(4)	Crieck appropriate box(es). Candidate Office Sought: County Commission	sioner District 1						
	Political Committee (PC)	BIGHEL BIBELIUS I						
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)	Check here if no other is or so reports will be filed						
_		Identifiers						
		3 / 31 / 2020 Report Type: <u>M3</u>						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, , <u>100</u> . <u>00</u>	Monetary						
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tota	I Monetary \$, , <u>100</u> . <u>00</u>	Office Account \$, , , 0 . 00 Total Monetary \$, , 0 . 00						
In-Ki	and \$,,0.00	,, <u>,</u>						
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>150</u> 00	\$, , <u>0</u> . <u>00</u>						
	(11) Cert It is a first degree misdemeanor for any pers							
I certify that I have examined this report and it is true, correct, and complete:								
(Ty	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	James "Bat"	McNe	al		2) I.D. Numbe	er	36	
	3/1/2020 od////		3	/31/2020	(4) Pag	je <u>1</u>	of	
(5) Date (6) Sequence Number	(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)	(12)	
3/19/2020 / /	Shuford, Mark 300 Health Park Blvd Suite St. Augustine , FL 32086		pharmacist	CH			\$100.0	
/ /								
/ /								
1 1								
/ /								
f I								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	James	"Ba	at"	McNeal			(2) I.D. Nun	nber	2	236	
		3/1/20	20		3/31/20	20					
(3) Cover P	eriod	I	1	through	1		(4) Page	1	of	0	

(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					
//					
//					
11					
//					
//					
11					
//					
DS-DE 14 (Rev.	11/13 \	-			