CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Nicholas Ryan Hatcher	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	PO Box 2643	Submitted on:						
	Address (number and street)	8/28/2020 09:49:23 (eastern)						
	Cross City, FL 32628							
	City, State, Zip Code	(2) ID Number 105						
	Check here if address has changed	(3) ID Number:187						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Sheriff							
	☐ 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						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cov	er Period: From 8 / <u>14_</u> / <u>2020</u> To	8 / <u>21</u> / <u>2020</u> Report Type: <u>G1</u>						
X O	original Amendment Spr	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$, , , 000	Monetary						
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Tota	Il Monetary \$, , , 000							
I 12	2	Total Monetary \$, , 214 . 00						
In-Ki	ind \$,, <u>0</u> . <u>00</u>	(8) Other Distributions						
		(8) Other Distributions \$, , 000						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>14</u> , <u>270</u> . <u>00</u>	\$, <u>13</u> , <u>019</u> . <u>54</u>						
	(11) Cor	I tification						
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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		_X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Nicholas Ryan Hatch	er		(2) I.D. Number						
	8/14/2020		8	/21/2020						
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e 1	of ⁰			
10045 VM			14400							
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)			_						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	N			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
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1 1										
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1 1										

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	Nichola	s Ryar	n Hatc	her			 (2) I.D. Nun	nber]	L87	
	8	3/14/2	020		8/21/2	020					
(3) Cover P	eriod	1	1	through	/	1	(4) Page	1	of	1	

(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
8/21/2020	Print Shop, 224 N Main ST	magnetics	MO		\$214.00
1	CHIEFLAND, FL 32626				
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