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)	8/7/2020 12:41:33 (eastern)						
	Cross City, FL 32628							
	City, State, Zip Code							
	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	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove	er Period: From 7 / 25 / 2020 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Contributions Time Report	Monetary						
Casl	n & Checks \$, , 0 . 00	Expenditures \$, , 782 . 25						
Ousi	,, <u></u> ,,,							
Loar	ns \$, ,, 0.00	Transfers to						
		Office Account \$, , 0 . 00						
Tota	I Monetary \$, , 0 . 00							
		Total Monetary \$, , 782 . 25						
In-Ki	ind \$,,0.00							
		(8) Other Distributions						
		\$,,,000						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(3)	\$, <u>14</u> , <u>270</u> . <u>00</u>	\$						
	, <u>11</u> , <u>270</u> . <u>00</u>	Ψ ,12 ,12799_						
		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 Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Nicholas Ryan Hatch		(2) I.D. Number					
	7/25/2020			/31/2020				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e1	of 0	
1000 MB			14400		- 40 00 00700			
(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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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nicho	olas Ryar	n Hato	her			_ (2) I.D. Num	nber	-	187	
	7/25/2	020		7/31/2	020					
(3) Cover Period	I	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
7/27/2020	American Veterans Memorial, 99 SE 194 AVE Old town, FL 32680	sponsorship	MO		\$200.00
7/28/2020	LSA Media, P.o Box 5030 Cross City, FL 32628	advertisement	МО		\$362.25
7/28/2020	Magnolias Media, 30 SE 265th st Cross City, FL 32628	social media	МО		\$220.00
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