

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ansonio Mitchell  
 Name  
 (2) 1842 W. 33rd St.  
 Address (number and street)  
Jacksonville, FL 32209  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1076090]

Submitted on:  
 9/13/2014 10:18:50 (eastern)

Check here if address has changed (3) ID Number: 648

(4) Check appropriate box(es):

Candidate Office Sought: City Council District 8

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

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2014 To 11 / 16 / 2014 Report Type: TR-5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 106 . 99

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 106 . 99

### (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:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ansonio Mitchell (2) I.D. Number 648

8/1/2014 through 11/16/2014

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(5) Date	(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) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Ansonio Mitchell

(2) I.D. Number 648

(3) Cover Period 8/1/2014 through 11/16/2014

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/13/2014 / /	Mitchell, Ansonio 1842 West 33rd Street Jacksonville, FL 32209	repayment of loans and outstanding debts.	DI		\$83.08
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