CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	William S. Mitchell, IV	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	PO Box 1326	Submitted on:							
	Address (number and street)	3/6/2020 11:48:42 (eastern)							
	Jasper, FL 32052								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:101							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Commis	sioner District 5							
	☐ 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							
		☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From $\frac{2}{2}$ / $\frac{1}{1}$ / $\frac{2020}{1}$ To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	n & Checks \$, , <u>200</u> . <u>00</u>	Expenditures \$, , 1 . 60							
	s \$, , 0.00								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Tata	I Monetary \$, , 200 . 00	Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>200</u> . <u>00</u>	Total Monetary \$. 1 . 60							
In-Ki	and \$, , 0.00	Total Monetary \$, , , 1 . 60							
III-IXI	mu , , , ,	(8) Other Distributions							
		\$, , 000_							
		,,,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, , <u>200</u> . <u>00</u>	\$, , <u>1</u> . <u>60</u>							
	(11) Cord	tification							
	It is a first degree misdemeanor for any pers								
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:							
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X	x x								
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	liam S. Mitchell	, IV		2) I.D. Numbe	er	.01
	2/1/2020	2	2/29/2020			
(3) Cover Period	11	through	11	(4) Pag	je <u>1</u>	of
3500 44	(7) Full Name ast, 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
2/27/2020 Mi	tchell, William Box 1326 per, FL 32052	S county commissio er	CH	Beschption		\$200.0
1						
1 1						
1 1						
1 1						
1 1						
1 1						
1 1						
1 1						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	William	S.	Mit	chell,	IV				 (2	2) I.D. Nur	nber_		1	01	.00
	2	/1/	2020)		2/29	/202	20							
(3) Cover P	eriod	1		1	through	1		1	(4	I) 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
2/27/2020	Supervisor of Elections, 1153 US Hwy 41 NW Ste 1 Jasper, FL 32052	petition verification	МО		\$1.60
1					
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DS-DE 14 (Rev					