	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Walter William McDonald III	OFFICE USE ONLY					
(· /	Name	ONLINE SUBMISSION					
(2)	3217 Jim Lee Rd	[1155226]					
	Address (number and street)	Submitted on: 5/21/2018 07:32:40 (eastern)					
	Tallahassee, FL 32301						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:520					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Leon County C	ommission - District 1					
	Political Committee (PC)						
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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) Paned	Identifiers					
Cove							
		5 / 31 / 2018 Report Type: <u>M5</u>					
× O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash	n & Checks \$, , 150 . 00	Monetary Expenditures \$, , 200 . 00					
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to					
MADE OF THE STATE OF	1 50 00	Office Account \$, , 0 . 00					
Tota	I Monetary \$, , <u>150</u> . <u>00</u>	Total Manadama (A)					
	•	Total Monetary \$, , <u>200</u> . <u>00</u>					
In-Ki	nd \$,,, <u>0</u> . <u>00</u>						
		(8) Other Distributions					
		\$, , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
. ,	\$, , 625 . 00	\$, , 200.00					
		·					
		tification					
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)					
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:					
(Ty	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Namewal	ter Willi	am McDo	onald III		(2	2) I.D. Number _		520	13
	5/1/2018	3		5/31/	2018				
(3) Cover Period			through	1	1	(4) Page	1	_ of _	1

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	c	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
5/12/2018	Renzi, Rob 6410 williams Rd Tallahassee, FL 32311	Ī	ceo of carepoint	CH		bbA	\$100.0
5/11/2018	Renzi, Rob 6410 williams Rd Tallahassee, FL 32311	I	ceo of carepoint	CA		Add	\$50.0
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1 1							
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1 1							
J I							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Walter	William	n McDo	nald III			 (2) I.D. Nur	nber	5	520	
		5/1/201	8		5/31/2	018		-			
(3) Cover P	eriod	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
5/21/2018	Franklin, Melissa P O Box 7673	reimbursement	MO	Add	\$200.00
1	Tallahassee, FL 32314				
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DS-DE 14 (Rev.	L			J.	