

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Doug Will  
 Name  
 (2) PO Box 1466  
 Address (number and street)  
Tallahassee, FL 32302  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1131070]  
 Submitted on:  
 10/15/2016 20:24:59 (eastern)

Check here if address has changed

(3) ID Number: 401

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Property Appraiser
- 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 / 2015 To 8 / 31 / 2015 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 52 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 52 . 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

\$        , 83 , 341 . 15

### (10) TOTAL Monetary Expenditures To Date

\$        , 81 , 809 . 27

### (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 Doug Will (2) I.D. Number 401

(3) Cover Period 8/1/2015 through 8/31/2015 (4) Page 1 of 1

(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
(6) Sequence Number							
8/26/2015 / /	Mitchell, Amy 125 Northcutt Terrace Tallahassee, FL 32317	I	medical tech	CH		Add	\$50.00
1							
8/10/2015 / /	Ogiv, 53 Lake Morton Dr Lakeland, FL 33801	B	credit card srvc	CH		Add	\$2.00
2							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Doug Will

(2) I.D. Number 401

(3) Cover Period 8/1/2015 through 8/31/2015

(4) Page 1 of 0

(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					
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