

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Wood  
 Name  
 (2) 9823 Hawk Ridge Road  
 Address (number and street)  
Tallahassee, FL 32312  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1129818]  
 Submitted on:  
 10/10/2016 10:03:24 (eastern)

Check here if address has changed

(3) ID Number: 412

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2016 To 10 / 7 / 2016 Report Type: G4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   ,  400  .  00 

Loans \$      ,      ,   0  .  00 

Total Monetary \$      ,   1  ,  400  .  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

\$      ,  312  ,  777  .  32 

### (10) TOTAL Monetary Expenditures To Date

\$      ,  243  ,  630  .  97 

### (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 Mike Wood (2) I.D. Number 412  
 10/1/2016 through 10/7/2016  
 (3) Cover Period / / through / / (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		Type	Occupation	Type	Description	Amendment	Amount
10/2/2016 / /	Long, Charles G. 2509 Garrison St Tallahassee, FL 323080000	I		CH			\$50.00
1							
10/2/2016 / /	Bevilacqua, John M. Exempt Per FL Statute Exempt, FL 000000000	I	retired	CH			\$250.00
2							
10/2/2016 / /	Davis, Donald E. 919 Hawthorne St Tallahassee, FL 323080000	I	cio - state of fl	CH			\$250.00
3							
10/2/2016 / /	Davis, Landon 919 Hawthorne St Tallahassee, FL 323080000	I	fire fighter	CH			\$250.00
4							
10/2/2016 / /	Tallahassee Primary Care Assoc, 1511 Surgeons Dr Suite B Tallahassee, FL 323080000	B	medical practice	CH			\$100.00
5							
10/2/2016 / /	Mayfield, Catherine 4223 Capital Circle NW Tallahassee, FL 323030000	I	constructi on	CH			\$250.00
6							
10/2/2016 / /	Mayfield, Emory 4223 Capital Circle NW Tallahassee, FL 323030000	I	constructi on	CH			\$250.00
7							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mike Wood

(2) I.D. Number 412

(3) Cover Period 10/1/2016 through 10/7/2016

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					