

## 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**  
 [1094030]

Submitted on:  
 11/16/2015 13:44:21 (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)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2015 To 10 / 31 / 2015 Report Type: M10

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**  
 \$        , 192 , 177 . 32

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 7 , 823 . 10

### (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

10/1/2015 through 10/31/2015

(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 Mike Wood

(2) I.D. Number 412

(3) Cover Period 10/1/2015 through 10/31/2015

(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					
10/6/2015 / /	U.S. Postmaster, Capital City Westside Station Tallahassee, FL 323040000	postage	MO	Delete	\$245.00
1					
10/6/2015 / /	U.S. Postmaster, Capital City Westside Station 2020 West Pensacola Street Tallahassee, FL 323040000	postage	MO	Add	\$245.00
2					
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