CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Barry Mansfield	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1249438]							
(2)	1320 SE 5th St.	Submitted on:							
	Address (number and street)	9/17/2021 11:11:22 (eastern)							
	Ocala, Fl 34471 City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 595							
(4)	_	(6) 15 ((4))							
(4)	Check appropriate box(es): Candidate Office Sought: City Council	- 1 - Ocala							
	Political Committee (PC)								
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	 ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 							
	individual making electioneering communications)	Check here if no other in or no reports will be med							
	(5) Renor	rt Identifiers							
Cove		9 / 16 / 2021 Report Type: G3							
		pecial Election Report							
		T							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , <u>600</u> . <u>00</u>	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$, , <u>600</u> . <u>00</u>	Total Monetary \$, 10 , 703 . 50							
In-Ki	nd \$, , 0 . <u>00</u>								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>52</u> , <u>500</u> . <u>00</u>	\$							
(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:									
(T)	(Type 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	Barry Mansfield			((2) I.D. Numb	er 5	95
	9/4/2021			/16/2021			
(3) Cover Peri	od//	thro			(4) Pag	ge ¹	of 1
1000 VIII					T	7	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)				Local Decomposition		
Sequence Number	Street Address &		ontributor	Contribution	In-kind	Amendment	A
Number	City, State, Zip Code CRESS, DONNA	Type I	Occupation	Type CH	Description	Amendment	Amount \$100.0
9/7/2021	713 SE 2ND ST OCALA, FL 34471	_		CII			γ100.0
1							
9/7/2021	COMBINED INSURANCE SERVICES IN, 814 E SILVER SPRINGS BLVD	В	insurnace	СН			\$500.0
2	SUITE H OCALA, FL 34470						
1 1							
I I							
j j							
1 1							
1 1		,					
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Barry	Mansfie	ld				 (2) I.D. Nun	nber	5	595	
		9/4/202	21		9/16/20	021	**	-			
(3) Cover Pe	eriod	1	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
9/13/2021	DATA TARGETING INC, 6211 NW 132ND ST GAINESVILLE, FL 32653	mailers (2) & chaser	МО		\$8,203.50
1					
9/14/2021	WIN AMERICA PAC, PO BOX 357482 GAINESVILLE, FL 32635	walk & door knock	МО		\$2,500.00
2					
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev					