CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Sean P. Mitchell	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1391 NW Saint Lucie West Boulevard #38	Submitted on:							
	Address (number and street) Port St. Lucie, FL 34986	8/3/2018 08:54:23 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 352							
(4)	Check appropriate box(es):								
	<ul> <li>☑ Candidate Office Sought: County Commissioner, District 2</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
	(5) Report	dentifiers							
Cove	er Period: From 7 / 21 / 2018 To								
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , , 000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota In-Ki	I Monetary \$,,,0 ind \$ , , , 0 . 00	Total Monetary \$ , , <u>555</u> . <u>00</u>							
	,, ,, ,, ,	(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)								
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sean P. Mitchell				2) I.D. Number	·3	52
	7/21/2018		7	/27/2018		_	
(3) Cover Peri	od / /	thro	ough	<i>II</i>	(4) Page	<u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	Oity, Otate, Zip Code	Турс	Occupation	Турс	Description		Amount
J I							
1							
A 2							
1 1	-						
.8 5							
1 1	-						
1 1	-						
х э							
1 1	-						
E 3							
1 1							
1 1							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sea	n P.	Mitch	nell				 (2) I.D. Nun	nber	3	352	-
		7/21/2	018		7/27/2	018	~ ~				
(3) Cover Perio	bd	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
7/23/2018	Chesnut, Bradley & Hemphill,	accounting fees	MO		\$555.00
1	212 South 7th Street Fort Pierce, FL 34950				
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DS-DE 14 (Rev.	44/42 \			<b>.</b>	