

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bill Dozier
 Name
 (2) 1604 Calhoun Ave
 Address (number and street)
Panama City, FL 32405
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1236418]
 Submitted on:
 10/26/2020 17:50:58 (eastern)

Check here if address has changed (3) ID Number: 473

(4) Check appropriate box(es):
 Candidate Office Sought: County Commission, District 3
 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 5 / 1 / 2020 To 5 / 31 / 2020 Report Type: M5
 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 \$, , 3 . 00
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 3 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 37 , 614 . 70

(10) TOTAL Monetary Expenditures To Date
 \$, 35 , 994 . 50

(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 Bill Dozier (2) I.D. Number 473

(3) Cover Period 5/1/2020 through 5/31/2020 (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 Bill Dozier

(2) I.D. Number 473

(3) Cover Period 5/1/2020 through 5/31/2020

(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					
5/29/2020 // //	bank, Suntrust 511 W 23rd St Panama City, Fl 32405	paper statement	MO	Add	\$3.00
1					
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