CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Bill Dozier	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	1604 Calhoun Ave	Submitted on:								
	Address (number and street) Panama City, FL 32405	10/26/2020 17:55:06 (eastern)								
	City, State, Zip Code									
	☐ 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) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 									
	(5) Report	Identifiers								
	er Period: From 6 / 27 / 2020 To									
	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$,,,	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , , 000	Total Monetary \$, , 3 . 00								
In-Ki	ind \$,,,000	,,,								
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ _\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\									
(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 Deputy Treasurer									
<u>X</u>		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bill Dozier				2) I.D. Numbe	r4	73
	6/27/2020		7	/10/2020		_	
(3) Cover Perio	od//	thro	ough	<i>l l</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, State, Zip Gode	Турс	Оссирацоп	турс	Description		Amount
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bil	Bill Dozier						 (2) I.D. Number			473	
		6/27/2	2020		7/10/2	020	-	-			
(3) Cover Perio	d	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
6/30/2020	bank, Suntrust 511 W 23rd St Panama City, Fl 32405	paper statement fee	МО	Add	\$3.00
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DS-DE 14 (Rev					