CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Rob Dale	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	7331 Office Park Place, Suite 300	Submitted on:								
	Address (number and street)	7/15/2020 02:16:04 (eastern)								
	Viera, FL 32940									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:816								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: Viera East Supervisor, Group 5 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
	(5) Report	Identifiers								
Cove	er Period: From 6 / 27 / 2020 To	7 / 10 / 2020 Report Type: P3								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , , 000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 0 . 00	Total Monetary \$, , 488 . 40								
In-Ki	and \$,, <u>0</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)									
_X		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Rob Dale			(2) I.D. Number						
	6/27/2020		7	/10/2020		1	0			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e <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			
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _R	.ob	Dale		111				~	(2) I.D. Nur	nber	8	316	
		6/	27/2	020		7/10/2	2020			-			
(3) Cover Pe	erioc	ı	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
7/2/2020	, STL 1107 Peachtree St Cocoa, FL 32922	signs	MO		\$488.40
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