

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Al Pollock  
 Name

(2) P.O Box 290631  
 Address (number and street)

Davie, FL 33329  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1231758]

Submitted on:  
 9/23/2020 10:52:20 (eastern)

Check here if address has changed

(3) ID Number: 544

(4) Check appropriate box(es):

- Candidate Office Sought: Sheriff
- 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 6 / 13 / 2020 To 6 / 26 / 2020 Report Type: P2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      , 6 , 050 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      , 6 , 050 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 124 , 270 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 106 , 513 . 83

### (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 Al Pollock (2) I.D. Number 544  
 (3) Cover Period 6/13/2020 through 6/26/2020 (4) Page 1 of 1

(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
(6) Sequence Number						
6/19/2020 / /	Pollock, Alvin I Exempt Per FSS Davie, Fl 33328	I ret. law enforcement	CH		Add	\$2,000.00
1						
6/22/2020 / /	Pollock, Edna Exempt Per FSS Davie, Fl 33328	I retirement leo	CH		Add	\$50.00
2						
6/19/2020 / /	Pollock, Alvin I Exempt Per FSS Davie, Fl 33328	S retired leo	CH		Add	\$2,000.00
3						
6/19/2020 / /	Pollock, Alvin Candidate to I Exempt Per FSS Davie, Fl 33328	S retired leo	CH		Add	\$1,000.00
4						
6/19/2020 / /	Pollock, Alvin Candidate to Candid T Exempt Per FSS Davie, Fl 33328	S retired leo	CH		Add	\$1,000.00
5						
/ /						
/ /						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Al Pollock

(2) I.D. Number 544

(3) Cover Period 6/13/2020 through 6/26/2020

(4) Page 1 of 0

(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					
// /					
// /					
// /					
// /					
// /					
// /					