CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Mary Bolla	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	Protected							
	Address (number and street)	Submitted on: 3/3/2020 11:44:19 (eastern)						
	<u>'</u>	(eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 699						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: School Board	District 4						
	Political Committee (PC)	Check have if DC on ECO has dishauded						
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
(5) Report Identifiers								
Cove	er Period: From 2 / 1 / 2020 To	2 / 29 / 2020 Report Type: M2						
		ecial Election Report						
	Contributions This Report							
(0)	Contributions This Report							
Cash	n & Checks \$,, 0.00	Monetary Expenditures \$, , 0 . 00						
	* 5 000 00							
Loar	ns \$,5,00000	Transfers to Office Account \$						
- .	\$ 5 000 00	Office Account \$, ,						
rota	I Monetary \$,5 ,00000	Total Monetary \$. 0 . 00						
T . 12:	\$ 30 61	Total Monetary \$, , , 0 . 00						
In-Ki	ind \$,, <u>30</u> . <u>61</u>	(0) O(1 B) (1) (1						
		(8) Other Distributions \$, , 0.00						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, _ <u>5</u> , <u>000</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>						
(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:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		Χ						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mary Bolla				(2) I.D. Number 699						
	2/1/2020	0		2/29/	2020					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of $\frac{1}{}$		

					T		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
2/21/2020	Bolla, Mary Protected Protected, FL 32065	S	school board member	LO			\$5,000.00
1							
2/24/2020	Bolla, Mary Protected Protected, FL 32065	S	school board member	IK	office depot, supp lies		\$23.81
2							
2/27/2020	Bolla, Mary Protected Protected, FL 32065	S	school board member	IK	walmart,su pplies		\$6.80
3							
1 1							
1 1	_						
1 1	_						
1 1							
1 1							
DS-DF 13 (Rev. 11/	1		I		S AND CODE VAL	2222-886	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Mary Bolla (2) I.D. Number 699 699								
	2/1/2020 2/29 /	/2020	4) Page <u>1</u>		0			
(5) Date (6) Sequence Number	(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			
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