

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ROBBY HOLLINGSWORTH
 Name

(2) 310 SW GREEN ACRES WAY
 Address (number and street)

LAKE CITY, FL 32024
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1238442]

Submitted on:
 11/9/2020 12:33:45 (eastern)

Check here if address has changed

(3) ID Number: 1230

(4) Check appropriate box(es):

- Candidate Office Sought: COUNTY COMMISSION DIST 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 10 / 17 / 2020 To 10 / 29 / 2020 Report Type: G6

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 \$, , 155 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 155 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 21 , 690 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 18 , 215 . 49

(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 ROBBY HOLLINGSWORTH (2) I.D. Number 1230

10/17/2020 through 10/29/2020

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (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 ROBBY HOLLINGSWORTH

(2) I.D. Number 1230

(3) Cover Period 10/17/2020 through 10/29/2020

(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					
10/23/2020 / /	Barrs, Lisa 308.SW Little Road lake City , Fl 32024	work	MO	Add	\$155.00
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