CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Garcia
Name

(2) 1912 Hilltop Drive
Address (number and street)
Mount Dora, FL 32757
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 369

(4) Check appropriate box(es):

☒ Candidate   Office Sought: School Board Member District 4
☐ 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   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(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	**(7) Expenditures This Report**
Cash & Checks $ ___ , 1 , 525 . 00	Monetary Expenditures $ ___ , ___ , 0 . 00
Loans $ ___ , ___ , 0 . 00	Transfers to Office Account $ ___ , ___ , 0 . 00
Total Monetary $ ___ , 1 , 525 . 00	Total Monetary $ ___ , ___ , 0 . 00
In-Kind $ ___ , ___ , 0 . 00	**(8) Other Distributions** $ ___ , ___ , 0 . 00

(9) TOTAL Monetary Contributions To Date	**(10) TOTAL Monetary Expenditures To Date**
$ ___ , 5 , 385 . 00	$ ___ , 2 , 182 . 36

(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.)

X _____
Signature

(Type name) _____

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Garcia   **(2) I.D. Number** 369

(3) Cover Period 6/13/2020 ___/___/___ through 6/26/2020 ___/___/___   **(4) Page** 1 of 2

(5) Date / (6) Sequence Number	(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
6/19/2020 / / 1	Kumar, Raj 1212 S. Bay Street Eustis , fl 32726	I	manager	CA			$50.00
6/19/2020 / / 2	M Dora Food Inc, P.O.Box 122 Mount Dora, FL 32757	B	manager	CH			$100.00
6/19/2020 / / 3	Rich, Marie Kay 941 N. Grandview Street Mount Dora , FL 32757	I		CH			$50.00
6/19/2020 / / 4	Wadhwa Inc., 3865 N. HWY 19A Mount Dora, FL 32757	B		CH			$50.00
6/19/2020 / / 5	Bhramani Corporation DBA Star , 2000 West Main Street Leesburg, FL 34748	B	manager, jakdish patel	CH			$300.00
6/19/2020 / / 6	Silver Lake Discount store, 32641 Radio Road, suite 101 Leesburg, FL 34788	B	manager, chandrakant yad	CH			$150.00
6/14/2020 / / 7	Weeks, Linda 424 West 9th Avenue Mount Dora, FL 32757	I		CH			$100.00
6/16/2020 / / 8	Jarrett, Elena 1850 Hilltop Dr Mount Dora, FL 32757	I		CH			$50.00

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name   Michael Garcia   **(2) I.D. Number**   369

(3) Cover Period   6/13/2020   ___/___/___ through   6/26/2020   ___/___/___   **(4) Page** 2 of 2

(5) Date / (6) Sequence Number	(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
6/14/2020 / / 9	Stile, Cristine 128 W 4th Ave Mount Dora, FL 32757	I		CH			$50.00
6/18/2020 / / 10	Carlton, Jim 1450 Hilltop Drive Mount Dora, FL 32757	I		CH			$75.00
6/23/2020 / / 11	Lewis, Gideon 100 South Eola Drive Orlando, FL 32801	I	medical doctor	CH			$500.00
6/24/2020 / / 12	Rogers, Tammy 2165 Morningside Drive Mount Dora, FL 32757	I		CH			$50.00
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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 Michael Garcia

(2) I.D. Number 369

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

(4) Page 1 of 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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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES