CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Michael Garcia	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1912 Hilltop Drive	Submitted on:							
	Address (number and street) Mount Dora, FL 32757	7/29/2020 12:33:40 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 369							
(4)	Check appropriate box(es):								
	(5) Report	Identifiers							
Cov	er Period: From 7 / 18 / 2020 To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , <u>100</u> . <u>00</u>	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>100</u> . <u>00</u>	Total Monetary \$. 0 . 00							
In-Ki	ind \$, , 0.00	Total Monetary \$, , , 0 . 00							
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$,5,955 \cdot _00								
(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 Deputy Treasurer									
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Garcia			(2) I.D. Number				
7/18/2020				7/24/2020				
(3) Cover Perio	od//	thro	ough	11	(4) Page	a 1	of ¹	
0000			1000			·-		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
7/20/2020	Rodriguez, Miriam	I		СН			\$100.0	
1,720,72020	37122 South Fish Camp Road Grand Island, FL 32735							
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1								
244 22								
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3								
1								
<i>I I</i>								
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1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _M	ichael	l Garci	a	The second secon	(2) I.D. Number		369	200
		7/18/2	020	7/24/2020				
(3) Cover Pe	eriod			through//	(4) Page1	of	0	

(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
11					
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11					
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DS-DE 14 (Rev.	11/13 \	-			