

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolin Dorsainvil  
 Name  
 (2) 6224 Spring Lake Ter  
 Address (number and street)  
Fort Pierce, FL 34951  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1193312]

Submitted on:  
 10/10/2019 14:20:02 (eastern)

Check here if address has changed (3) ID Number: 430

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner, District 1

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 9 / 1 / 2019 To 9 / 30 / 2019 Report Type: M9

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 \$        ,        , -198 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , -198 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 520 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 194 . 52

### (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 Rolin Dorsainvil (2) I.D. Number 430

9/1/2019 through 9/30/2019

(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 Rolin Dorsainvil

(2) I.D. Number 430

(3) Cover Period 9/1/2019 through 9/30/2019

(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					
9/24/2019 / /	SUPERVISOR OF ELECTION, 4132 OKEECHOBEE RD FORT PIERCE, FL 34947	20 candidates petitions	MO	Delete	\$200.00
1					
9/24/2019 / /	SUPERVISOR OF ELECTION, 4132 OKEECHOBEE RD FORT PIERCE, FL 34947	20 candidates petitions	MO	Add	\$2.00
2					
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