	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Rolin Dorsainvil	OFFICE USE ONLY								
( - /	Name	ONLINE SUBMISSION								
(2)	6224 Spring Lake Ter	[1221515]								
	Address (number and street)	Submitted on: 7/31/2020 11:14:37 (eastern)								
	Fort Pierce, FL 34951	//31/2020 11:14:3/ (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:430								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: County Commis	sioner, District 1								
	Political Committee (PC)									
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ 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 7 / 18 / 2020 To									
<u> </u>	Priginal ☐ Amendment ☐ Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$,, <u>250</u> . <u>00</u>	Monetary								
Loar	s , , , ,	Transfers to Office Account \$ , , 0 . 00								
Tota	Monetary \$ , , <u>250</u> . <u>00</u>	Total Monetary \$ , , 150 . 00								
In-Ki	ind \$ , , 140.00									
		(8) Other Distributions								
		\$, ,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, _11_, 270 . 00	\$ , 9, 780. 46								
		tification on to falsify a public record (ss. 839.13, F.S.)								
1 -										
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		x								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Rolin Dorsai	invil		(2) I.D. Number 430							
	7/18/20	20		7/24/	2020						
(3) Cover Perio	d /	1	through	1	1	(4) Page	1	of $\frac{1}{}$			

				Tr.	T T	
(7) Full Name		(8)	(9)	(10)	(11)	(12)
Street Address &	C	ontributor	Contribution	In-kind		
City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
LON F PARSONS & ASSOCIATES, P O BOX 3025	В		СН			\$50.0
FORT PIERCE, FL 34948						
Dantilus, Jean R 854 SE PROCTOR LN Port Saint Lucie, FL 34983	I	insurance agent	IK	headquater canpaingn utilities		\$140.0
GTD MEDICAL AND REHABILITATION, 1195 N MILITARY TRAIL SUITH WEST PALM BEACH. FL 33409		chiroprato r	СН			\$200.0
	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code LON F PARSONS & ASSOCIATES, P O BOX 3025 FORT PIERCE, FL 34948  Dantilus, Jean R 854 SE PROCTOR LN Port Saint Lucie, FL 34983	Full Name (Last, Suffix, First, Middle) Street Address & C. City, State, Zip Code Type LON F PARSONS & B ASSOCIATES, P O BOX 3025 FORT PIERCE, FL 34948  Dantilus, Jean R 854 SE PROCTOR LN PORT Saint Lucie, FL 34983  GTD MEDICAL AND B REHABILITATION, 1195 N MILITARY TRAIL SUITE 5B	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code  LON F PARSONS & B real ASSOCIATES, P O BOX 3025 FORT PIERCE, FL 34948  Dantilus, Jean R 854 SE PROCTOR LN Port Saint Lucie, FL 34983  GTD MEDICAL AND REHABILITATION, 1195 N MILITARY TRAIL SUITE 5B	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation  LON F PARSONS & B real ASSOCIATES, P O BOX 3025 FORT PIERCE, FL 34948  Dantilus, Jean R 854 SE PROCTOR LN Port Saint Lucie, FL 34983  GTD MEDICAL AND REHABILITATION, 1195 N MILITARY TRAIL SUITE 5B	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code  LON F PARSONS & B real ASSOCIATES, P O BOX 3025 FORT PIERCE, FL 34948  Dantilus, Jean R 854 SE PROCTOR LN Port Saint Lucie, FL 34983  GTD MEDICAL AND REHABILITATION, 1195 N MILITARY TRAIL SUITE 5B  Contributor Contribution Type Ch Entary Type Contribution Type Ch Entary Type Contribution Type Ch Entary Type Ch Entary Type Ch Entary Type Contributor Type Ch Entary Type Ch Entary Type Ch Entary Type Contributor Type Ch Entary Type Ch Entary Type Ch Entary Type Contributor Type Ch Entary Type C	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation Type Description  LON F PARSONS & B real CH  ASSOCIATES, P O BOX 3025 FORT PIERCE, FL 34948  Dantilus, Jean R 854 SE PROCTOR LN Port Saint Lucie, FL 34983  GTD MEDICAL AND B chiroprato CH REHABILITATION, 1195 N MILITARY TRAIL SUITE 5B

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _R	Rolin	Dorsai	nvil				 (2) I.D. Nun	nber	4	130	
		7/18/2	2020		7/24/2	020	**	-			
(3) Cover Pe	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
7/20/2020	ISAAC, REBECCA SUNRISE BLVD FORT PIERCE, FL 34950	contribution financiere for services	MO		\$150.00
1	FORT FIERCE, FE 34930	Services			
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DS-DE 14 (Rev.	11/13 }				