

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHAEL DOLLARD
Name

(2) 1313 ZOMBAR PL
Address (number and street)

THE VILLAGES, FL 32163
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1237911]

Submitted on:
10/31/2020 12:32:46 (eastern)

Check here if address has changed (3) ID Number: 324

(4) Check appropriate box(es):

Candidate Office Sought: VCDD 9 - Board of Supervisor, Seat 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 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRG

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 \$, , 10 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 10 . 00

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

(9) TOTAL Monetary Contributions To Date
\$, 1 , 075 . 00

(10) TOTAL Monetary Expenditures To Date
\$, 1 , 075 . 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 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 MICHAEL DOLLARD (2) I.D. Number 324

10/30/2020 through 2/1/2021

(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 MICHAEL DOLLARD

(2) I.D. Number 324

(3) Cover Period 10/30/2020 through 2/1/2021

(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					
10/30/2020 / /	Citizens First Bank, POB 1927 The Villages, FL 32158	bank fee	MO	Add	\$10.00
1					
10/31/2020 / /	Dollard, Michael 1313 Zombar Pl The Villages, FL 32163	to close account	DI	Add	\$153.21
2					
/ /					
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