

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) OUR CITY OUR AMBULANCE
Name

(2) P.O. Box 891
Address (number and street)

MARCO ISLAND, FL 34146
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY
RECEIVED
MAY 03 2018
CITY OF MARCO ISLAND

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input type="checkbox"/> Candidate Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 4 / 1 / 18 To 4 / 30 / 18 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 875.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 875.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 380.90

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 380.90

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 4 , 195.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 955.60

(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) JOHN COFF
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X John Coff
Signature

(Type name) Gerald Swiacki
 Candidate Chairperson (only for PC and PTY)

X Gerald Swiacki
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name OUR CITY OUR AMBULANCE (2) I.D. Number _____

(3) Cover Period 4 / 1 / 18 through 4 / 30 / 18 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
4, 10, 18	LAURENCE SACHER 1191 WOODLUM CT. MARCO ISLAND, FL 34145	I	RET	CHE			100.00
1							
4, 10, 18	HERBERT JERMANOR 1520 CAMMIBAS CT MARCO ISLAND, FL 34145	I	RET	CHE			50.00
2							
4, 10, 18	KEVIN HARRINGTON 300 BALD EAGLE DR. MARCO ISLAND, FL 34145	I	RET	CHE			50.00
3							
4, 10, 18	IRV PAVLOW 657 DORANDY CT MARCO ISLAND, FL 34145	I	RET	CHE			50.00
4							
4, 10, 18	THOMAS CERTELLA 581 BLACKMORE CT MARCO ISLAND, FL 34145	I	RET	CHE			200.00
5							
4, 10, 18	STEVEN RILEY 660 THRUSH CT. MARCO ISLAND, FL 34145	I	RET	CHE			100.00
6							
4, 10, 18	HERBERT WALLACK 960 CAPE MARCO DR # 1404 MARCO ISLAND, FL 34145	I	RET	CHE			100.00
7							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name OUR CITY OUR AMBULANCE (2) I.D. Number _____

(3) Cover Period 4 / 1 / 18 through 4 / 30 / 18 (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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
4, 17, 18	8	JOSEPH CLIFFORD 1070 SO. COLLIER BLVD # 203 MARCO ISLAND, FL 34145	I	RET	CHE			100.00
4, 17, 18	9	BILL PASCALE 206 WATERWAY CT # 102 MARCO ISLAND, FL 34145	I	RET	CHE			50.00
4, 17, 18	10	GLORIA FABIANIC 960 Se. ALLOW AVE. # 304 MARCO ISLAND, FL 34145	I	RET	CHE			25.00
4, 17, 18	11	PAUL SULLIVAN 1330 CAKAMBA ST MARCO ISLAND, FL 34145	I	RET	CHE			50.00
/ /								
/ /								
/ /								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name OUR CITY OUR AMBULANCE

(2) I.D. Number _____

(3) Cover Period 4/1/18 through 4/30/18

(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					
4/10/18	CITY OF MARCO ISLAND PARKS + RECREATION 1361 ANDALUSIA TERR. MARCO ISLAND, FL 34145	USE OF MEETING ROOM	IEI		53.00
1					
4/10/18	COASTAL BREEZE 1857 SAN MARCO RD. MARCO ISLAND, FL 34145	NEWS PAPER AD	IEI		275.00
2					
4/30/18	CITY OF MARCO ISLAND PARKS + RECREATION 1361 ANDALUSIA TERR MARCO ISLAND, FL 34145	USE OF MEETING ROOM	IEI		52.90
3					
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