

## 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

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed



### (5) Report Identifiers

Cover Period: From 5 / 1 / 18 To 5 / 31 / 18 Report Type: \_\_\_\_\_

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 150.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , ~~155.60~~

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 4,345.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 1,155.60

### (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 5 / 1 / 18 through 5 / 31 / 18 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation				
5/25/18 1	LEONARD SCHUMANN 220 S. COLLIER BLVD MARCO ISLAND, FL 34145	I	RET	CHE			100.00
5/25/18 2	SUZANNE PIRD 701 INLET DR. 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 5 / 1 / 18 through 5 / 31 / 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					
5/25/18	HUGHES VIDEO PRODUCTION 4501 ROSEA CT. NAPLES, FL 34104	VIDEO	IEI		200.00
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