

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Our City Our Ambulance
Name

(2) PO Box 891
Address (number and street)

MARCO Island, FL 34146
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

JUL 13 2018

CITY OF MARCO ISLAND

Check here if address has changed

(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 6 / 22 / 2018 To 7 / 6 / 2018 Report Type: P1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 0 , 0 . 0

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 411 . 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 515 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , ~~411~~ . ~~00~~
1,966.58

(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 COFFE

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

X John Coffe
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name Our City Our Ambulance (2) I.D. Number _____

(3) Cover Period 6 / 22 / 2018 through 7 / 6 / 2018 (4) Page 1 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				
/ /	0	0						n/a
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Out City Out Ambulance (2) I.D. Number _____
 (3) Cover Period 6 / 22, 2018 through 7 / 6, 2018 (4) Page 2 of 2

(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
6/26/18 1	Jessica Simon 1857 San Marco Rd Marco Island, FL 34145	Social media Consultant	IEI		\$411.00
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