

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Our City Our Ambulance
Name

(2) PO BOX 891
Address (number and street)
MARCO Island, FL
City, State, Zip Code

OFFICE USE ONLY
RECEIVED
AUG 17 2018
 CITY OF MARCO ISLAND

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 8/4/18 To 8/10/18 Report Type: PE

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, 0, 0

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 2,253.06

Transfers to Office Account \$ _____

Total Monetary \$ 2,253.06

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 6,765.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,511.99

(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) Rerald Swiacki
 Candidate Chairperson (only for PC and PTY)

X R Swiacki
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8, 4, 2018 through 8, 10, 2018 (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
/ /	0						0
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Our City Our Ambulance (2) I.D. Number _____
 (3) Cover Period 8.4.2018 through 8.10.2018 (4) Page 1 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
8/15/18	The Print Shop 2321 Davis Blvd Naples, FL 34104	Post Card MAILING Postage/MailHouse	IEI		\$284.16
8/16/18	The Print Shop 2321 Davis Blvd Naples, FL 34104	Post Card DESIGN	IEI		\$42.40
8/16/18	The Print Shop 2321 Davis Blvd Naples, FL 34104	Sign ARTWORK	IEI		\$26.50
1/1					
1/1					
1/1					
1/1					
1/1					