

**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Quality One Ambulance  
 Name  
 (2) PO Box 891  
 Address (number and street)  
MARCO ISLAND, FL 34146  
 City, State, Zip Code

OFFICE USE ONLY  
**RECEIVED**  
 AUG 23 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)
- 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 8/11/18 To 8/23/18 Report Type: P7

- Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$ 0 , 0 , 00

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

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

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

(7) Expenditures This Report

Monetary Expenditures      \$ 0 , 0 , 00

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

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

(8) Other Distributions  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ , 6,765.00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ , 4,511.94

(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 Our City Our Ambulance (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 11 / 18 through 8 / 23 / 18 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
/ /	0	_____					0
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Paul G. O'Connell (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/1/18 through 8/23/18 (4) Page 2 of 3

(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					
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