

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Our City Our Ambulance
 Name
 (2) PO Box 891
 Address (number and street)
MARCO Island, FL 34145
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

SEP 07 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 8/24/18 To 8/31/18 Report Type: 61

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 600.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 2,598.48

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 7,365.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 7,110.42

(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 Rerald Swiacki
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8/24/18 through 8/31/18 (4) Page 2 of 3

(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
8, 28, 18	Paul Krueger 133 Shorecrest Marco Island, FL 34145		REI	check			\$500.
1							
8, 28, 18	Chris Byrne 354 Colonial Ave Marco Island, FL 34145		REI	check			\$100.
2							
1							
1							
1							
1							
1							
1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name OCDH - Our City Our Ambulance

(2) I.D. Number _____

(3) Cover Period 8/24/18 through 8/31/18

(4) Page 3 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					
8/28/18 1	Coastal Breeze News	Ads	MON		\$550
8/28/18 2	The Print Shop	Signs + Ad Designs	MON		\$542.84
8/30/18 3	Jessica Simon	FACEBOOK Social media Marketing	MON		\$200
8/30/18 4	BARB Murphy Reimbursement	Magnetic SIGNS	REF		\$250.95
8/30/18 5	Linda Turner Reimbursement	Eagle AD	REF		\$1,054.69
1/1					
1/1					
1/1					