

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Victor Rios Campaign
 Name
 (2) 970 Cape Marco Dr. #2302
 Address (number and street)
Marco Island, FL 34145
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
SEP 17 2018
 CITY OF MARCO ISLAND

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Marco Island City Councilman
 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 09/01/18 To 09/14/18 Report Type: 2018 G2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____
 Loans \$ _____, _____, 0 . _____
 Total Monetary \$ _____, _____, 0 . _____
 In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 30 . 00
 Transfers to Office Account \$ _____, _____, 0 . _____
 Total Monetary \$ _____, _____, 30 . 00

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 13, 915 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 5, 328 . 17

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

X 
 Signature

(Type name) Victor No Rios
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Victor Rios Campaign (2) I.D. Number _____

(3) Cover Period 09/01/18 through 09/14/18 (4) Page 1 of 1

(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
/ /	—						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Victor Rios Campaign

(2) I.D. Number _____

(3) Cover Period 09/01/18 through 09/14/18

(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					
09/04/18	Supervisor of Elections 3750 Enterprise Ave Naples, FL 34104	Voter list	MON		30. ⁰⁰
# 1					
///					
///					
///					
///					
///					
///					
///					
///					