

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
OCT 23 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)
- 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 10 / 13 / 18 To 10 / 19 / 18 Report Type: 2018 G6

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 \$ _____, _____, 61.31

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 61.31

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 14, 015 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7, 232 . 24

(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]
 Signature

(Type name) Victor N. Rios
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 13 / 18 through 10 / 19 / 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
/ /	_____						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Victor Ries Campaign

(2) I.D. Number _____

(3) Cover Period 10/13/18 through 10/19/18

(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					
10/16/18	Mail Direct Services PO Box 11245 Naples, FL 34145	Mailing campaign brochures	MON		61.31
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