

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sam H. Young
 Name
 (2) 191 Lamplighter Drive
 Address (number and street)
Marco Island, FL 34145
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
AUG - 6 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 Council
- 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 7/28/2018 / _____ To 08/3/2018 / _____ Report Type: 2018P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 650.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 650.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 139.85

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 139.85

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 6650.00

(10) TOTAL Monetary Expenditures To Date


\$ _____ , _____ , 1375.01

(11) Certification

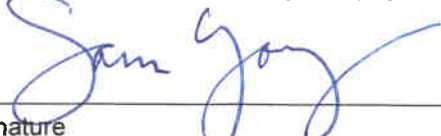
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Douglas R. Woodworth
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Sam H. Young
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sam H. Young **(2) I.D. Number** _____

(3) Cover Period 07/28/2018 / _____ / _____ through 8/3/2018 / _____ / _____ **(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							
7/23/18 / /	David Rasmussen 1495 Caxambas CT Marco Island, FL	I	Consultant	Check			150.00
1							
7/23/18 / /	Peter Arcidiacono 1243 Treasure CT. Marco Island, FL	I	Retired	Check			200.00
2							
8/3/2018 / /	Kelly Colon 2370Kingfish Rd. Marco Island, FL	I	Retired	Check			250.00
3							
8/3/2018 / /	Joseph Rola 879 Banyan Ct. Marco Island, FL	I	Retired	Check			50.00
/ /							
/ /							
/ /							650.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sam Young

(2) I.D. Number _____

(3) Cover Period 7/28/18 / _____ / _____ through 8/3/2018 / _____ / _____

(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					
8/3/2018 / / 1	CHK ORDER HARLAND CLARKE PPD Bank Debit-No address	Check Printing	CAN		\$28.00
8/3/2018 / / 2	Marco Office Supply 571 Bald Eagle Marco Island, FL 34145	Misc. Office Supplies	CAN		\$11.85
8/3/2018 / / 3	Marco Island Post office (USPS) 600 E. Elkcam Marco Island, FL	Postage	CAN		\$100.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					139.85