CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ceral A Robert Swiack OFFICE USE ONLY Name RECEIVED Address (number and street) JUL 27 2018 City, State, Zip Code Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: 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) Repor	t Identifiers					
Cover Period: From 07 / 16 / 20/8 To 07 20 / 20/8 Report Type: The Original Amendment Special Election Report 93						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,/,/,/	Monetary Expenditures \$,,					
Loans \$,,	Transfers to Office Account \$,					
Total Monetary \$,, In-Kind \$,,	Total Monetary \$,					
	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date \$, / , ユビ・ロロ	(10) TOTAL Monetary Expenditures To Date					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
certify that I have examined this report and it is true, correct, and complete:						
(Type name) Gevald Swinck; Individual (only for IE or electioneering comm.)	(Type name) Candidate Chairperson (only for PC and PTY) X					
Signature DS-DE 12 (Rev. 11/13)	Signature SEE REVERSE FOR INSTRUCTIONS					

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Gerald Rubert Swiack; (2) 1.D. Number									
(3) Cover Period 7 1 16 1 18 through 7 1 27 1 18 (4) Page of									
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount		
MIT	Swiacki, Gendol R blot Thrush CT Marco Island PL 34148	3		LOA			100,00		
1112	Mulligan, Frank So 832 S. Heathwood Co Mara Island, PL	nI		CHE			150,00		
7,23,18	Swiacki, Gerold R 667 Thrush Ct Murco Island, FC	2		LOA			1000,00		
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1 1									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Gerald Robert Swiack (2) I.D. Number							
	d 7 / /6 / /8 through				1		
(5) Date (6) Sequence Number	(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)	(11)		
7/27/18 M1	City of Marco Island		DPV		72,30		
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