

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jim Richards
Name

(2) P.O. Box 1336
Address (number and street)

Marco Island, FL 34145
City, State, Zip Code

OFFICE USE ONLY
RECEIVED
SEP 19 2018
CITY OF MARCO ISLAND

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Council
- 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 9/1/18 To 9/14/18 Report Type: GA

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.00

Loans \$ _____

Total Monetary \$ 0.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 1,805.33

Transfers to Office Account \$ _____

Total Monetary \$ 1,805.33

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1,100.00

(10) TOTAL Monetary Expenditures To Date

\$ 5,027.87

(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) Alisha Garcia Dodras

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

(Type name) Jim Richards

Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Jim Richards (2) I.D. Number _____

(3) Cover Period 9, 1, 18 through 9, 14, 18 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
			Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim Richards (2) I.D. Number _____

(3) Cover Period 9/1/18 through 9/14/18 (4) Page 1 of _____

(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					
9/4/18	The Print Shop 569 E Elkcam Cir Marco Is, FL 34145	Rock Cards			
1			MON		39.46
9/4/18	Sunshine Stitchers 1104 N. Collier Blvd Marco Is, FL 34145	Shirts for Campaign			
2			MON		19.17
9/4/18	Sunshine Stitchers 1104 N Collier Blvd Marco Is, FL 34145	Yard Signs			
3			MON		1523.75
9/11/18	The Print Shop 569 E Elkcam Cir Marco Is, FL 34145	meet & greet Flyer			
4			MON		21.20
9/13/18	Allison Richards 1554 Cascade Ct Marco Is, FL 34145	OS's meet & greet			
5			RMB		101.75
11					
11					
11					