CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Richard Blonna	OFFICE USE ONLY							
	Name	RECEIVED							
(2)	1541 San Marco Road								
	Address (number and street) Marco Island Florida 34145	NOV 0 1 2029							
	City, State, Zip Code	CITY OF MARCO ISLAND							
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):	· · · · · · · · · · · · · · · · · · ·							
	<ul> <li>✓ Candidate Office Sought:</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
(5) Report Identifiers									
Cove	er Period: From <u>06</u> / <u>01</u> / <u>20</u> To	06 / 12 / 20 Report Type: P1							
□ o	riginal	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , _20000	Monetary Expenditures \$ , , 000.00							
Loar	\$ <u>000</u> , <u>000</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$ 000,000,000.00							
Tota	Monetary \$,, 20000	Total Monetary \$ , 000. 00							
In-Ki	\$ 000 , 000 , 000 . 00	,,,							
		(8) Other Distributions \$ 000 , 000 , 000 . 00							
(9)	TOTAL Monetary Contributions To Date \$ , 3 , 945 . 00	(10) TOTAL Monetary Expenditures To Date \$ , , 728 . 70							
(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:									
-	ype name) Richard Blonna	(Type name) Richard Blonna							
	Individual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)							
X	My Mr	x ly br							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

Cover Peri	od <sup>06</sup> / <sup>01</sup> / <sup>20</sup> through <sup>06</sup>	<u>/ 12 / 20</u> (4	4) Page	of	
(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)
/ /	- NONE				\$000.00
//					
/ /					
/ /					
//					
//					
/ /					
//					

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	(2) I.D. Number						
(3) Cover Period	06 / 01 / 20	throu	gh/	/	_ (4) Page	1	of
(5) Date (6)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
06 04 20	Jodi Schaufus 241 Grapewood CT, Marco Island, FL 34145	I	Retired	СНЕ			\$25.00
06	James D Miller 330 Nassau CT, Marco Island, FL 34145	I	Retired	СНЕ			\$75.00
06	Bill and Kathy Roman 107 clyburn st marco island florida 34145	I	Retired	СНЕ			\$100.00
1 1							
1 1						·	
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES