

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Phares Heindl

Name

(2) 156 Leland Way

Address (number and street)

Marco Island, Florida 34145

City, State, Zip Code

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)

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/ 03 2020 To 10/16 2020 Report Type: G5

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 175 .00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 175 .00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 175 .00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 175 .00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 4, 160 .69

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 2335 75

### (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) Phares Heindl

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

X Phares Heindl

Signature

(Type name) Phares Heindl

Candidate  Chairperson (only for PC and PTY)

X Phares Heindl

Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Phares Heindl (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 03 / 2020 through 10 / 16 / 2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10 / 11 / 2020	Phares Heindl		N/a	LOA			\$175.00
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