	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Phares Heindl	OFFICE USE ONLY								
/a\	Name	DE050 (TD								
(2)	156 Leland Way Address (number and street)	RECEIVED								
	Marco Island, Florida 34145	JUL 3 1 2020								
	City, State, Zip Code	CITY OF MARCO ISLAND								
	☐ Check here if address has changed	(3) ID Number:								
(4)	<ul> <li>Candidate Office Sought:</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>Marco Island City Council</li> <li>Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> </ul>									
	☐ 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										
Cov	er Period: From 7 /18 /2020 To	7/24 / 2020 Report Type: 2020p5								
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cas	h & Checks \$ <u>0</u> , ,	Monetary								
Loar	s \$ 0 , , ,	Fransfers to Office Account \$ , , .								
Tota	Il Monetary \$ <u>0</u> , ,	Total Monetary \$ , .								
In-K	ind \$ <u>0</u> , ,									
		(8) Other Distributions \$ , ,								
(9)	TOTAL Monetary Contributions To Date \$,, 687.00	(10) TOTAL Monetary Expenditures To Date \$ , , 259.70								
(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:										
(T	<sub>'ype name)</sub> Phares Heindl	(Type name) Phares Heindl								
È	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X Phare Heinel		x Phase Heinel								
Signature		Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Phares Heindl		(2) I.D. Number
(3) Cover Period 07	/ <u>17</u> / <u>2020</u> through <u>07</u> / <u>24</u> / <u>2020</u>	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	
07 / 22/ 2020	City of Marco Island	Petitioin verification fee	MON		\$72.70
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11					