CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) GVEG FO//84	OFFICE USE ONLY						
Name Name Assistant Days	RECEIVED						
Address (number and street)	JUL 2 4 2020						
Merco Island, FL 34/45	CITY OF MARCO ISLAND						
City, State, Zip Code	CHT OF WARROUTEDAME						
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):							
☐ Candidate Office Sought:							
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
individual making electioneering communications)	_						
(5) Report	Identifiers						
Cover Period: From 7 / / / / 2020 To	7 / 17 / 2020 Report Type:						
☐ Original ☐ Amendment ☐ Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,27 . 00	Monetary Expenditures \$,,,						
Loans \$,,	Transfers to Office Account \$, , .						
Total Monetary \$, ,	Total Monetary \$, .						
In-Kind \$,							
	(8) Other Distributions \$, ,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>Z_0</u> , <u>027</u> . <u>00</u>	\$, <u>5</u> 520.63						
(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) V O Fey	(Type name) () / Ey						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Chairperson (only for PC and PTY)						
x Hell Holl x Mell							
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	over Folley		(2) I.D. Number						
(3) Cover Period 7 / // /2020 through 7 / /7 / 2020 (4) Page of									
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
7,12 2020	Bozith, Greg 7485 Inspresente Naples Flau113	1	Violagraphi AVIVOX Inc.	CHE		4	1.00		
7,13 2020	Borch, Greg 7485 Inspract. Naples, FL 34113	1	Senov Videosvafan Avthex, Pac.	CHE			\$1.00		
7,14,200	Swarson, Brita 1615 Woodblinect. My vio Island, FL 34145	1	Relived	CHE			\$25.00		
1 1									
1 1									
1 1									
1 1									
DS-DE 13 (Rev. 11/	13)	SEE RE	EVERSE FOR	INSTRUCTIONS	AND CODE VA	LUES			

(1) Name VP9 +0 / S (2) I.D. Number									
(3) Cover Perio	d 7 /1 /2020 through 7	17,2020 (I) 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) Amount				
7/12700	Horadot IMC. 1340 Payalvas St. +110 New Orlans, LATONZ.		MON		\$10.3Y				
7/3700	Anadot In: 1340 Poydes St. 14/770 New Orleans, LA	TVERTER NOM FER (BOZIH WANTED)	MON		#0.34				
7/3/202	Nulles Print Source 350 9th Sty South Neples, Fil 3402	Postage of Campaign Mulavials	MON		\$695,95				
7,14,2000 5	1340 Parties St., # 1770 New Orleans, LA 7012	Transection Feet (Swarport Domition)	MON		#1.30				
7/17/200	City of Mavio Island 50 Bull Cast Drive Mavio Islands FL 34145	GEOLON Assessment FEE	MON		£72,70				
//									
//									
//									