CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) REG BUXFON	OFFICE USE ONLY					
(2) Name 3215 Guil Shone Bl	RECEIVED					
Address (number and street) $\mathcal{P}_{\mathcal{B}_{\mathcal{H}}} = \mathcal{P}_{\mathcal{L}} = \mathcal{P}_{\mathcal{L}} = \mathcal{P}_{\mathcal{L}} = \mathcal{P}_{\mathcal{L}} = \mathcal{P}_{\mathcal{L}} = \mathcal{P}_{\mathcal{L}}$	AUG - 5 2019					
City, State, Zip Code	CITY OF NAPLES					
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
Candidate Office Sought:     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						
(5) Report Identifiers moat						
Cover Period: From 7/1/179 To	7 1 31 1 19 Report Type:					
Original Amendment Special Election Report						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, <u>5</u> _, <u>250</u> . <u>or</u>	Monetary Expenditures \$,, <u>0 83</u> . <u>0</u>					
Loans \$,,	Transfers to Office Account \$ , , .					
Total Monetary \$, <u>5</u> , <u>250</u> , <u>~</u>	Total Monetary \$ , 1, 0,93, 24					
In-Kind \$,,						
	(8) Other Distributions \$,,,					
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$,/, <u>543</u>					
(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) REC A Boy to- (Type name) REC A Boy to:						
(Type name) REG RA Boy For- □ Individual (only for IE □ Treasurer or electioneering comm.)	(Type name)     ✓					
× 16- 111	x it in that					
Signature	Signature					

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS** 

(1) Name/	PEG BUX	Fa.		(2)	I.D. Number		
	71111		gh _7 /	31 1 15	_ (4) Page		of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	M BURKE 58016182 POUD DZ NAPI-OFL	Ţ	RE 4 7cm	CK			250
34 111	Richand N,111AM300 4320 5,1000 Fox Nanlose			ck			1,000
7,17,19 34,117	RON STAMPICO Qua I Common 46: -1500 EV DR DAJies FL	B	Reg 1 4				1,000
7,19,19 34102	M. KEN+ 4156 (2+115- NAN <sup>10</sup> 9 FC	I	RELIN	CK			1,000
	C BLYFOR 945 SUMMER Field Dug Le FL	~	7	ck			1,000
7,31,15	Donce FL A. Vhoisy Dolcen Naplas FU	1	Compul Bugh.	( <del>\</del>			17 000
1							5250

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u><i>R</i> &amp; <i>S</i></u> <u><i>B</i> <u><i>L</i></u> <u><i>k</i> or</u> (2) I.D. Number (2) I.D. Number</u>							
(3) Cover Perio	3) Cover Period <u>7 / / / / /</u> through <u>7 / 3/</u>		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) Amendment	(11) Amount		
7  8   19	Anthany Nelven 988 Summan Finla Naples FT 34120	Soe on 1 Paralis	. (4		554		
7 19 19	914 25 AVE 5/W 2006 = E1 34 110	Sec nil Ma ci ne	CK		40		
זו ן <sup>19</sup> ן ד	NAFACASY Adver 94/8 Scamentold Northe Fl 34/22	50 - n ( Me 61 14	PИ		200		
7 1 1 17	Scint Impack 914 5/20 25 AUR Norther E134110	DomAIN RAMES	rk		/85		
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					1083		

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES