

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reg Buxton
 Name
 (2) 3215 Golf Shore Blvd N
 Address (number and street)
Naples 34102
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|---|
| <p><input type="checkbox"/> Candidate Office Sought: _____</p> <p><input type="checkbox"/> Political Committee (PC)</p> <p><input type="checkbox"/> Electioneering Communications Org. (ECO)</p> <p><input type="checkbox"/> Party Executive Committee (PTY)</p> <p><input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications)</p> | <p><input type="checkbox"/> Check here if PC or ECO has disbanded</p> <p><input type="checkbox"/> Check here if PTY has disbanded</p> <p><input type="checkbox"/> Check here if no other IE or EC reports will be filed</p> |
|--|---|

(5) Report Identifiers

Cover Period: From 9 1 1 19 To 9 1 30 19 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,850.00

Loans \$ _____

Total Monetary \$ 1,850.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$,189.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$,1,731.00

(9) TOTAL Monetary Contributions To Date

\$,1,850.00
18,720.00

(10) TOTAL Monetary Expenditures To Date

\$,1,731.00

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

[Signature]
 Signature

(Type name) REG Buxton
 Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name REG Buxton (2) I.D. Number _____

(3) Cover Period 9, 1, 19 through 9, 30, 19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
9, 02, 19	MARVIN EASTMAN 944 5ply glass Naples 34102	1	RETIRED	CK			250
1							
9, 08, 19							
2							
9, 15, 19	MARINE J PO Box 9887 Naples FL 34101	B	MARINE	CK			500
2							
9, 22, 19	Shelly STAYCAS 2100 Gordon Dr Naples 34102	1	RETIRED	CK			1,000
3							
9, 27, 19	LOU Ulnah 6525 CROWN CT Naples 34105	1	RETIRED	CK			100.00
4							
1							
1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name REB Buxton (2) I.D. Number _____
 (3) Cover Period 9/1/19 through 9/30/19 (4) Page 1 of 1

(5) Date	(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
9/15/19	Social Media	E-mail Blast			189.00
1	1925 25th St NW Naples				
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					