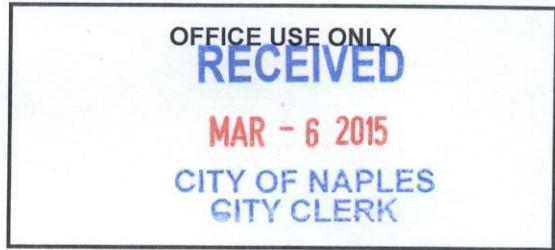


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reg Buxton
Name

(2) 3215 Gulf Shore Blvd N #112N
Address (number and street)

Naples FL 34103
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 02 / 01 / 15 To 02 / 28 / 15 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 1 , 500 ⁰⁰

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 19 . 61

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 600 . ⁰⁰

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 19 . 61

(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) Russell Lopez

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

X [Signature]

Signature

(Type name) Reg Buxton

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 15 through 02 / 28 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
212715 M-2 1	Sandra Buxton 3215 Gullstrand Rd Naples FL 34103	che	Health Care Exec.	I			500 ⁰⁰
212515 M-2 2	Lynne Buxton 982 Summerfield Naples FL 34120	che	House wife	I			500 ⁰⁰
212515	Ann My Delore 982 Summerfield Naples FL 34120	che	computer tech	I			500
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 02/01/15 through 02/28/15 (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
(6) Sequence Number					
2/27/15	Sandra J. Buxton				
M-2	3215 Gaultshore Blvd N				
1	Naples FL 34104				
2/10/15	Naples Awards Company	Rodgers	can	-	19.61
M-2	2385 Dans Blvd				
1	Naples FL 34104				
/ /					
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/ /					