CAMPAIGN TREASUR	ER'S REPORT SUMMARY				
(1) Rea Ruxton	OFFICE USE ONLY				
Name	RECEIVED				
(2) 3215 Gulfshore Klud	H112M				
Address (number and street)	JUN - 8 2015				
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 ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed				
(5) Repo	ort Identifiers				
Cover Period: From 5 1 01 1 15 T	To _3 / 31 / 15 Report Type:				
☐ Original ☐ Amendment ☐ S	Special Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, 500a	Monetary Expenditures \$ , ,				
Loans \$, ,, ,	Transfers to Office Account \$ , , , , , , , , , , , , , , , , , ,				
Total Monetary \$,,	9) YOTAL Monetagy Contributions To Dath, the one				
uni ngawan ushaqu si (noncinjac ishad	Total Monetary \$ , ,				
In-Kind \$,,	(8) Other Distributions				
	\$,,,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	ertification				
	erson to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, co	orrect, and complete:				
(Type name)	(Type name)				
☐ Individual (only for IE or electioneering comm.)  ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)				
x hll	x My ////				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

Put Int

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Reg Buxton			(2) I.D. Number			ne()(1)
(3) Cover Period	310115	throu	igh <u>05</u> /	3/ 1/5	(4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

3) Cover Period									
(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)				
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