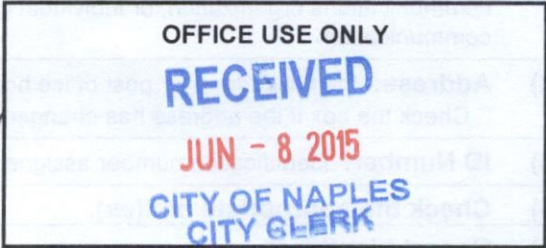


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reg Ruxton
 Name

(2) 3215 Gultshore Blvd #112M
 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 5/01/15 To 5/31/15 Report Type: _____

Original Amendment Special Election Report

Need Cash

(6) Contributions This Report

Cash & Checks \$ _____, _____, 500.^a

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

Put Cont m

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 12,400

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 550

(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) _____

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

X [Signature]
 Signature

(Type name) _____

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 3 1 01 15 through 05 31 15 (4) Page 1 of _____

(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
05 2 1 15 M-5 1	Robert Boyd Toben 2240 Southlands Naples FL 34102	Chc	Physician	I			\$500
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Res Baxter (2) I.D. Number _____
 (3) Cover Period 5/01/15 through 05/31/15 (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					
06/01/15					
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