

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) WYNN PHILLIPS
 Name
 (2) 975 9TH AVE S
 Address (number and street)
NAPLES, FL 34102
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 APR 10 2015
 CITY OF NAPLES
 CITY CLERK

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NAPLES CITY CCOUNCIL
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 / 1 / 2015 To 3 / 31 / 2015 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , 1 , 500 . 00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

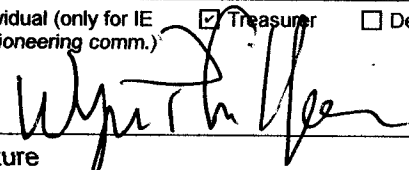
(11) Certification

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:

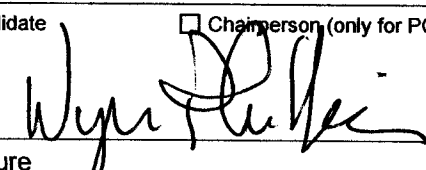
(Type name) WYNN PHILLIPS

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

X 
 Signature

(Type name) WYNN PHILLIPS

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name WYNN PHILLIPS (2) I.D. Number _____

(3) Cover Period 3 / 1 / 2015 through 3 / 31 / 2015 (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							
3 / / 2015	WYNN PHILLIPS 340 9TH ST N #107 NAPLES, FL 34102	S	PSYCHOLOGIST	LOA			\$1,500
1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name WYNN PHILLIPS

(2) I.D. Number _____

(3) Cover Period 3 / 1 / 2015 through 3 / 31 / 2015

(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					
/ /	N/A				
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