

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Ian M. Vincent

**Name**

(2) 4050 Rock Creek Dr

**Address (number and street)**

Port Charlotte, FL 33948

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** School Board District 4

☐ **Political Committee**

☐ **Committee of Continuous Existence**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF PC HAS DISBANDED**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**

[1025802]

Submitted on:

11/19/2010 16:45:07 (eastern)

(3) **ID Number:** 237

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2010 To 7/16/2010 Report Type F1

☐ Original ☒ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 96.80

Loans \$ 0.00

Total Monetary \$ 96.80

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) **Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 16,926.80

**(10) TOTAL Monetary Expenditures To Date**

\$ 15,192.32

**(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 electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

**X**

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Ian M. Vincent **(2) I.D. Number** 237  
**(3) Cover Period** 4/1/2010 through 7/16/2010 **(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
6/19/2010 / /	Rodriguez, Alberto 126 Grace Church St. Port Chester, FL 10573	I		CH		Add	\$96.80
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ian M. Vincent

(2) I.D. Number 237

(3) Cover Period 4/1/2010 through 7/16/2010

(4) Page 1 of 0

(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
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