CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Ian Michael Vincent	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	4050 Rock Creek Dr	Submitted on:								
	Address (number and street)	8/18/2014 08:50:06 (eastern)								
	Port Charlotte, FL 33948 City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 395								
(4)	Check appropriate box(es):									
	(5) Report	Identifiers								
Cove	er Period: From <u>8</u> / <u>9</u> / <u>2014</u> To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , 000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota In-Ki	I Monetary \$,,,00 ind \$, , 0 . 00	Total Monetary \$, , <u>689</u> . <u>60</u>								
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$,2,00000 \$,2,00000									
(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										
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ian Michael Vincent				2) I.D. Numbe	er3	95
	8/9/2014		8	/21/2014		1	0
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
j j							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	an	Michael	V	incent		111011111111111111111111111111111111111			 (2) I.D. Nur	nber		395	an an
		8/9/2	201	4		8/21	/20	14					
(3) Cover Pe	erio	d /		1	through	1		1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/11/2014	vincent, ian	repayment of loan to	MO		\$689.60
1		candidate			
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