

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ian Michael Vincent  
 Name  
 (2) 4050 Rock Creek Drive  
 Address (number and street)  
Port Charlotte, FL 33948  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1143143]  
 Submitted on:  
 7/8/2017 10:00:25 (eastern)

Check here if address has changed (3) ID Number: 521

(4) Check appropriate box(es):  
 Candidate Office Sought: School Board District 4  
 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 6 / 1 / 2017 To 6 / 30 / 2017 Report Type: M6  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00  
 Loans \$        , 2 , 000 . 00  
 Total Monetary \$        , 2 , 000 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 15 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 15 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 2 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 15 . 00

### (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

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)  
**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ian Michael Vincent (2) I.D. Number 521

(3) Cover Period 6/1/2017 through 6/30/2017 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
6/22/2017 / /	Vincent, Ian 4050 Rock Creek Drive port charlotte, FL 33948	S	candidate	LO			\$2,000.00
1							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Ian Michael Vincent

(2) I.D. Number 521

(3) Cover Period 6/1/2017 through 6/30/2017

(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					
6/22/2017 //	Achieva Credit Union, 1850 Tamiami Trail port charlotte, FL 33948	bank account fee	MO		\$15.00
1					
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//					
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