

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gene Ungarean  
 Name

(2) 13512 Mandarin Circle  
 Address (number and street)

Naples, FL 34109  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1231301]

Submitted on:  
 9/18/2020 16:51:04 (eastern)

Check here if address has changed (3) ID Number: 602

(4) Check appropriate box(es):

Candidate Office Sought: Collier Mosquito Control District Seat 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 8 / 29 / 2020 To 9 / 11 / 2020 Report Type: G2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 14 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 14 . 00

**(8) Other Distributions**

\$        ,        , 0 . 00

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

\$        ,        , 200 . 00

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

\$        ,        , 31 . 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 Gene Ungarean (2) I.D. Number 602

8/29/2020 through 9/11/2020

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Gene Ungarean

(2) I.D. Number 602

(3) Cover Period 8/29/2020 through 9/11/2020

(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
9/11/2020 / /	FIFTH THIRD BANK, 5076 AIRPORT-PULLING RD N Naples, FL 34105	bank fees - service charges	MO		\$14.00
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