CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	KEVIN RUANE	OFFICE USE ONLY				
` '	Name	ONLINE SUBMISSION [1194590]				
(2)	513 LIGHTHOUSE WAY	Submitted on:				
	Address (number and street)	11/10/2019 15:42:07 (eastern)				
	SANIBEL, FL 33957 City, State, Zip Code					
		(2) 17 11				
	Check here if address has changed	(3) ID Number:1544				
(4)	Check appropriate box(es):					
	Candidate Office Sought: COUNTY COMMIS	SIONER-1				
	☐ 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				
	individual making electioneering communications)					
	(5) Report	Identifiers				
Cove	er Period: From $8 / 1 / 2019$ To	8 / 31 / 2019 Report Type: 19M8				
□ 0	riginal 🖾 Amendment 🔲 Spo	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
		Monetary				
Casl	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00				
T	s \$, , 0.00	Tour Control				
Loar	s , , , , 000	Transfers to Office Account \$				
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00				
Tota	,,,,,,,,,	Total Monetary \$, , 0 . 00				
In-Ki	ind \$, , 0.00	,, ,, ,				
		(8) Other Distributions				
		\$,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(5)	\$, 234_, 90500_	\$,31 ,68140_				
	, <u>231</u> , <u>303</u> , <u>50</u>	, <u>31</u> , <u>33</u>				
		tification				
	-	on 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:						
_(T	ype name)	_(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
Х		×				
	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KEVIN RUANE (2) I.D. Number 1544						544	
(3) Cover Perio	8/1/2019 od///	thre	8 Nuah	/31/2019	(A) Pag	1	of ⁰
(5) Cover Ferro	Ju			LL	(4) Fay		01
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name KEVIN RUANE (2) I.D. Number 1544						
	8/1/2019 //through_	8/31/2019	(4) Page <u>1</u>		0	
(5) Date (6) Sequence Number	(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)	(11) Amount	
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name KEVIN RUANE			I.D. Number1544			
(3) Cover Perio	od <u>8/1/2019</u> thro	ough8/31/2019	(4) Page	e <u> </u>	of1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)	
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Related Expenditures	Amendment	Amount	
8/19/2019	Smoke'n Pit Bar-B-Que, 1641 N Tamiami Trail North Fort Myers, FL 33903	food and beverage		Add	\$14.70	
1						