

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marleine Bastien  
 Name  
 (2) PO Box 640703  
 Address (number and street)  
Miami, FL 33164  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1205007]

Submitted on:  
 4/24/2020 15:28:42 (eastern)

Check here if address has changed

(3) ID Number: 2296

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 02
- 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 12 / 1 / 2019 To 12 / 31 / 2019 Report Type: 19M12

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 \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 11 , 555 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 1 , 621 . 80

### (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 Marleine Bastien (2) I.D. Number 2296  
 (3) Cover Period 12/1/2019 through 12/31/2019 (4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |       | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------------|------------------------------------------------------------------------------------------------|---------------------------------------|-------|-----------------------------|--------------------------------|-------------------|----------------|
| 12/31/2019<br>/ / | Georges, Jalix I<br>850 29 Street SW<br>Naples, fl 34117                                       | I                                     | nurse | CH                          |                                | Delete            | \$25.00        |
| 1                 |                                                                                                |                                       |       |                             |                                |                   |                |
| 12/31/2019<br>/ / | Georges, Jalix I<br>850 29 Street SW<br>Naples, fl 34117                                       | I                                     | nurse | CH                          |                                | Add               | \$0.00         |
| 2                 |                                                                                                |                                       |       |                             |                                |                   |                |
| 12/31/2019<br>/ / | Georges, Joselyn I<br>6181 Sea Grass Lane<br>Naples, fl 34116                                  | I                                     | nurse | CA                          |                                | Add               | \$25.00        |
| 3                 |                                                                                                |                                       |       |                             |                                |                   |                |
| / /               |                                                                                                |                                       |       |                             |                                |                   |                |
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marleine Bastien

(2) I.D. Number 2296

(3) Cover Period 12/1/2019 through 12/31/2019

(4) Page 1 of 0

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |                                                                                                |                                                                            |                            |                   |                |
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