

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Arminio  
 Name

(2) 1423 Breaks way  
 Address (number and street)  
Deltona, FL 32127  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1158664]

Submitted on:  
 6/28/2018 16:10:39 (eastern)

Check here if address has changed (3) ID Number: 518

(4) Check appropriate box(es):

Candidate Office Sought: County Council Member, District 3

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 / 2018 To 6 / 22 / 2018 Report Type: P1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 50 . 00

Loans \$      , 1 , 750 . 00

Total Monetary \$      , 1 , 800 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      , 1 , 785 . 46

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      , 1 , 785 . 46

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 1 , 800 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 1 , 785 . 46

### (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 Michael Arminio (2) I.D. Number 518  
 (3) Cover Period 6/1/2018 through 6/22/2018 (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			
6/14/2018 / /	Arminio, Michael J 1423 Breaksway Port Orange, FL 32127	S	candidate	LO			\$150.00
1							
6/21/2018 / /	Arminio, Michael J 1423 Breaks Way Port Orange, FL 32127	S	candidate	LO			\$1,600.00
2							
6/21/2018 / /	Bouthillette, William 100 Aloha Ter. Port Orange, Fl 32129	I		CH			\$50.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Michael Arminio

(2) I.D. Number 518

(3) Cover Period 6/1/2018 through 6/22/2018

(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					
6/22/2018 // 1	Supervisor of Elections Volusi, 125 W. New York Avenue DeLand, FL 32720	qualifying fee	MO		\$1,785.46
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