| | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|--------|---|---|--|--|--|--|--|--|
| (1) | Michael Arminio | OFFICE USE ONLY | | | | | | |
| | Name | ONLINE SUBMISSION | | | | | | |
| (2) | 1423 Breaks way | Submitted on: | | | | | | |
| | Address (number and street) | 8/23/2018 21:43:50 (eastern) | | | | | | |
| | Port Orange, FL 32127 City State Zip Code | | | | | | | |
| | City, State, Zip Code | | | | | | | |
| | Check here if address has changed | (3) ID Number: 518 | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | |
| | ☐ Candidate Office Sought: County Council | 1 Member, District 3 | | | | | | |
| | ☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO) | ☐ Check here if PC or ECO has disbanded | | | | | | |
| | | ☐ Check here if PTY has disbanded | | | | | | |
| | ☐ Independent Expenditure (IE) (also covers an | ☐ Check here if no other IE or EC reports will be filed | | | | | | |
| | individual making electioneering communications) | | | | | | | |
| | (5) Report | dentifiers | | | | | | |
| Cov | | | | | | | | |
| | rer Period: From 8 / 11 / 2018 To | | | | | | | |
| N C | Original Amendment Spe | ecial Election Report | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | |
| | | Monetary | | | | | | |
| Casl | h & Checks \$,1 , <u>010</u> . <u>00</u> | Expenditures \$, , 0 . 00 | | | | | | |
| ¥ | \$ | <u> </u> | | | | | | |
| Loar | ns \$,, <u>0</u> . <u>00</u> | Transfers to Office Account \$ | | | | | | |
| Toto | al Monetary \$, 1 , 010 . 00 | Office Account \$, , , 0 . 00 | | | | | | |
| TOta | al Monetary \$,1 , <u>010</u> . <u>00</u> | Total Monetary \$. 0 . 00 | | | | | | |
| la Ki | · \$ 0 00 | Total Monetary \$, , 0 . 00 | | | | | | |
| III-r\ | In-Kind \$ | | | | | | | |
| | | (8) Other Distributions \$, , 000_ | | | | | | |
| | | Ψ , , <u> </u> | | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | | |
| | \$ | \$,1_, <u>785</u> 46_ | | | | | | |
| | | | | | | | | |
| | (11) Cert It is a first degree misdemeanor for any perso | | | | | | | |
| اء | - | | | | | | | |
| 10 | I certify that I have examined this report and it is true, correct, and complete: | | | | | | | |
| _(T | ype name) | (Type name) | | | | | | |
| | Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.) | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | | | |
| X | | X | | | | | | |
| Si | ignature | Signature | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| CAMI AIGH TREASORER STREET ORT - TEMIZED CONTRIBOTIONS | | | | | | | | |
|--|---|------------|--------------------------|----------------------|------------------------|-----------|----------|--|
| (1) Name <u>Michael Arminio</u> 8/11/2018 | | | (2) I.D. Number | | | | | |
| | | | 8/23/2018 | | | | | |
| (3) Cover Per | iod / / | thro | ough | <i>l l</i> | (4) Pag | e | of | |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) | |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount | |
| 8/15/2018 | Ryan, Dan a 1645 Dunlawton #612 | I | , | СН | | | \$10. | |
| 1 | Port Orange, FL 32127 | | | | | | | |
| 8/16/2018 | Volusia County Deputies Assoc., 1381 Educators Road Daytona Beach, FL 32120 | C | associatio n | СН | | | \$1,000. | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| C. 1) Name <u>Michae</u> | AMPAIGN TREASURI 1 Arminio | | EMIZED EXPENDIT (2) I.D. Numbei | _ | | | |
|------------------------------|---|-------------------|--|------|------|--|--|
| 3) Cover Period _ | 8/11/2018 / | 8/23/2018 gh// | (4) Page 1 | of | 0 | | |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Midd Street Address & City, State, Zip Code | contributi | ose sought if ion to a Expenditure | (10) | (11) | | |
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