	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Michael Arminio	OFFICE USE ONLY				
•	Name	ONLINE SUBMISSION				
(2)	1423 Breaks way	Submitted on:				
	Address (number and street)	10/19/2018 19:38:23 (eastern)				
	Port Orange, FL 32127 City, State, Zip Code					
	_	(2) 10 November 510				
	Check here if address has changed	(3) ID Number: 518				
(4)	Check appropriate box(es):					
	☐ Candidate Office Sought: County Council	1 Member, District 3				
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded				
		☐ Check here if PTY has disbanded				
		☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	Identifiers				
Cove	er Period: From 10 / 6 / 2018 To					
X O		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
(0)	Continuations This Report	Monetary				
Cast	h & Checks \$ , , 200 . 00	Expenditures \$ , , 0 . 00				
Ouo.	,,,,	· , ,				
Loan	ns \$,,,000_	Transfers to				
		Office Account \$ , , , 0 . 00				
Total	ll Monetary \$ , , <u>200</u> . <u>00</u>					
		Total Monetary \$ , , 0 . 00				
In-Ki	ind \$ , , 0 . <u>00</u>					
		(8) Other Distributions				
		\$ , , <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\-,	\$,5 ,288 . 33	\$ , 4 , _06632				
	· , ,	,, ,, ,				
	(11) Cert					
	It is a first degree misdemeanor for any person	• • • • • • •				
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		X				
	gnature	Signature				

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Arminio		(2) I.D. Number						
10/6/2018			10/12/2018						
(3) Cover Peri	od///	thro	ough	<i>II</i>	(4) Pag	le	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
10/12/2018	Messinger, Steve R 5950 Doraville Dr Port Orange, Fl 32127		center bank manager	СН			\$200.0		
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mich	ichael Arminio			(2) I.D. Numbe		518	
(3) Cover Period	10/6/2018 d / /	through/	2/2018	(4) Page1	of	0	
(5)	(7)		(8)	(9)	(10)	(11)	

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