CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **Bob Daniels**
Name

(2) **1102 Cielo Ct**
Address (number and street)
North Venice, Florida 34275
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate   Office Sought: **Venice City Council, Seat 6**

☐ 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   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From **05 / 19 / 16** To **05 / 31 / 16**   Report Type: **2016 M5**

☑ Original   ☐ Amendment   ☐ Special Election Report

(6) Contributions This Report		(7) Expenditures This Report	
Cash & Checks	$ _ , _ , _ . _	Monetary Expenditures	$ 0 . 0 , 0 . 0
Loans	$ 2 , 0 , 0 . 00	Transfers to Office Account	$ _ , _ , _ . _
Total Monetary	$ 2 , 0 , 0 . 00	Total Monetary	$ 0 . 0 , 0 . 0
In-Kind	$ _ , _ , _ . _		

(8) Other Distributions ___
$ _ , _ , _ . _

(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
$ 2 , 0 , 0 . 00	$ 0 , 0 , 0 . 0

(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) **Nancy K. Daniels**

☐ Individual (only for IE   ☑ Treasurer   ☐ Deputy Treasurer
or electioneering comm.)

X _Nancy K Daniels_
Signature

(Type name) **Bob Daniels**

☑ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BOB DANIELS   **(2) I.D. Number** _____

(3) Cover Period 05 / 19 / 16 through 05 / 31 / 16   **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
05, 20, 16 1	DANIELS NANCY 1102CIELO CT N. Venice FL 34275	I	Retired	LOA			200.—
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES