

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BOB DANIELS  
Name

(2) 1102 CIELO CT  
Address (number and street)

NORTH VENICE, FL 34275-2222  
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

*Handwritten notes*

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate Office Sought: Venice City Council  
 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 08/06/16 To 08/12/16 Report Type: PL6 2016

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$            ,            ,            . 00

Loans \$ 1 , 5 , 0 . 00

Total Monetary \$ 1 , 5 , 0 . —

In-Kind \$            ,            ,            .           

**(7) Expenditures This Report**

Monetary Expenditures \$ 1 , 0 , 0 . 00

Transfers to Office Account \$ 0 , 0 , 0 . 00

Total Monetary \$ 1 , 0 , 0 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 1 , 5 , 0 . 00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 1 , 0 , 0 . 00

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

NANCY K. DANIELS  
I certify that I have examined this report and it is true, correct, and complete:

(Type name) Nancy K Daniels  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Nancy K Daniels  
Signature

(Type name) BOB DANIELS  
 Candidate  Chairperson (only for PC and PTY)

X Bob Daniels  
Signature

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

(1) Name BOB DANIELS (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 08/06/16 through 08/12/16 (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					
08/11/16	CITY OF Venice 401 W. Venice Ave Venice FL 34285	Seat 6 Venice City Council Filing Fee	CAN		\$102.00
1					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name BOB DANIELS (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08/06/16 through 08/12/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
08/11/16	DANIELS, NANCY 1102 CIELO CT N. VONIC FL 37275	I	RETIRED	LOA			<del>150.</del> 150.-
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