

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) BOB DANIELS
Name

(2) 1102 CIELO CT
Address (number and street)
North Venice, FL 34275
City, State, Zip Code

OFFICE USE ONLY

CLERK 24SEP'13 AM 8:45

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Venice City Council, Seat 6

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 08/08/2013 To 09/16/2013 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 150.-

Total Monetary \$ 150.-

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 130.-

Transfers to Office Account \$ _____

Total Monetary \$ 150.-

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 150.-

(10) TOTAL Monetary Expenditures To Date

\$ 150.-

(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 electioneering commun.) Treasurer Deputy Treasurer

X Nancy K. Daniels
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) BOB DANIELS

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Bob Daniels
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BOB DANIELS

(2) I.D. Number _____

(3) Cover Period 08/08/2013 through 09/16/2013 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
08, 08, 13	DANIELS, BOB 1102 CIELDT N. Venice, FL 34275	I		LOA			\$ 100.-
1							
08, 30, 13	DANIELS, BOB 1102 CIELDT N. Venice, FL 34275	I		LOA			\$ 50.-
2							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name B & B DANIELS (2) I.D. Number _____
 (3) Cover Period 09/08/2013 through 09/16/2013 (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
09/08/13	City of Venice 401 W Venice Ave. Venice FL 34285	Qualifying Fee	MON		102.-
1					
09/12/13	BOB DANIELS 1102 CIELO CT N. Venice, FL 34275- 2222	Payment of LOAN	DIS		48.-
2					
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//					
//					
//					
//					
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