

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BOB DANIELS
Name

(2) 1102 CIELD CT.
Address (number and street)
NORTH VENICE, FLORIDA 34275
City, State, Zip Code

OFFICE USE ONLY

MAR 7 '19 AM 10:57

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL SEAT 7 - MAYOR
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- 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

(5) Report Identifiers

Cover Period: From 02 1 01 19 To 02 1 28 19 Report Type: 2019 M2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, 5,000 . 00

Total Monetary \$ _____, 5,000 . 00

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

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

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 5,000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 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) BERNIE PAPPAS
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Bernie Pappas
Signature

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

X Bob Daniels
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 02 / 01 / 2019 through 02 / 28 / 2019 (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
02/22/2019 1	DANIELS, NANCY 1102 CIELO CT NORTH VENICE, FL 34275	I	RETIRED	LOA (LOAN)			600.00
02/26/2019 1	DANIELS, NANCY 1102 CIELO CT NORTH VENICE, FL 34275	I	RETIRED	LOA (LOAN)			4,400.00
1							
1							
1							
1							
1							
1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BOB DANIELS (2) I.D. Number _____
 (3) Cover Period 02/01/2019 through 02/28/2019 (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
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