

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

(1) Laurence Clifton Daniels  
**Name**

(2) 471 Fletcher St  
**Address (number and street)**

Port Charlotte, FL 33954  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

**Candidate (office sought):** County Commissioner District 5

**Political Committee**

**Committee of Continuous Existence**

**Party Executive Committee**

**Electioneering Communication**

**CHECK IF PC HAS DISBANDED**

**CHECK IF CCE HAS DISBANDED**

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1050646]

Submitted on:  
11/30/2012 13:04:41 (eastern)

(3) **ID Number:** 284

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/10/2012 To 11/12/2012 Report Type TRPRI

**Original**     **Amendment**     **Special Election Report**     **Independent Expenditure Report**

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$ 0.00

Loans                      \$ 0.00

Total Monetary      \$ 0.00

In-Kind                      \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$ 134.22

Transfers to Office Account      \$ 0.00

Total Monetary      \$ 134.22

(8) **Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,870.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,870.00

**(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)

**Individual (only for electioneering commun.)**     **Treasurer**     **Deputy Treasurer**

**X**

Signature

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

(Type name)

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

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Laurence Clifton Daniels (2) I.D. Number 284

8/10/2012 through 11/12/2012

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

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

(1) Name Laurence Clifton Daniels

(2) I.D. Number 284

(3) Cover Period 8/10/2012 through 11/12/2012

(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					
11/9/2012 / /	Freedom Room Ministries, 3280 tamiami Tr. Suite # 32 Port Charlotte, Fl 33952	donation to 501c3 ministry.	MO		\$134.22
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