

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Darryl Daniels  
 Name

(2) Protected  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1199935]

Submitted on:  
 2/10/2020 21:45:43 (eastern)

Check here if address has changed

(3) ID Number: 694

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

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 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   9   , 600 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   9   , 600 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   0   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   0   . 00

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   9   , 600 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      ,   0   . 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 IE or electioneering comm.)  Treasurer  Deputy Treasurer

X

Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

X

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Darryl Daniels (2) I.D. Number 694  
 1/1/2020 through 1/31/2020  
 (3) Cover Period 1/1/2020 / 1/31/2020 (4) Page 1 of 2

(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						
1/16/2020 / /	Davenport, Jeff 901 N. Orange Ave. Green Cove Springs, FL 32043	I attorney	CH			\$1,000.00
1						
1/16/2020 / /	Walden, Ray Protected ***, FL *****	I law enforcement	CH			\$1,000.00
2						
1/16/2020 / /	Walden, Diana Protected ****, FL *****	I homemaker leo spouse	CH			\$1,000.00
3						
1/21/2020 / /	Barreira, Steven Protected ****, FL *****	I law enforcement	CH			\$1,000.00
4						
1/21/2020 / /	Barreira, Bobbi Protected ****, FL *****	I nurse leo spouse	CH			\$1,000.00
5						
1/23/2020 / /	McKinney Family, Funeral Home Inc. 6507 W. Beaver St. Jacksonville, FL 32254	B funeral home	CH			\$1,000.00
6						
1/23/2020 / /	Merton J. Segal Trust, 2532 NW 59th St. Boca Raton, FL 33496	B trust	CH			\$1,000.00
7						
1/24/2020 / /	Merton J Segal Trustee, 2532 NW 59th St. Boca Raton, FL 33496	B trustee	CH			\$500.00
8						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Darryl Daniels (2) I.D. Number 694  
 1/1/2020 through 1/31/2020  
 (3) Cover Period / / through / / (4) Page 2 of 2

(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						
1/27/2020 / /	Gayle, Lawrence Protected ****, FL *****	I law enforcement	CH			\$1,000.00
9						
1/24/2020 / /	Inman, Steve Protected ****, FL *****	I law enforcement	CH			\$500.00
10						
1/23/2020 / /	Matthews, Emmett Protected ****, FL *****	I leo	CH			\$100.00
11						
1/23/2020 / /	Bucci, Joseph Protected ****, FL *****	I leo	CH			\$200.00
12						
1/29/2020 / /	Coldiron, Chris Protected ****, FL *****	I leo	CH			\$250.00
13						
1/29/2020 / /	Onasanya, Charles 9541 103RD ST #1015 Jacksonville, FL 32210	I	CA			\$50.00
14						
/ /						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Darryl Daniels

(2) I.D. Number 694

(3) Cover Period 1/1/2020 through 1/31/2020

(4) Page 1 of 0

(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					
/ /					
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