CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	William L McDaniel Jr	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	710 20th Street SE	Submitted on:								
	Address (number and street) Naples, FL 34117	8/19/2020 17:22:10 (eastern)								
	City, State, Zip Code	<del></del>								
	☐ Check here if address has changed	(3) ID Number: 530								
(4)	Check appropriate box(es):									
	<ul> <li>☑ Candidate Office Sought: County Commission District 5</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	dentifiers								
Cove		12 / 31 / 2019 Report Type: M12								
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ , , ,000	Monetary								
Loar	· ·	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , ,000	Total Monetary \$ , , 250 . 00								
In-Ki	nd \$ , , 0 . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc										
(Ty	(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  Treasurer Deputy Treasurer or electioneering comm.)  (Type name)  Candidate Chairperson (only for PC and PTY)									
X Si	onature	X Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	William L McDaniel	Jr		(	2) I.D. Numbe	er5	30
(3) Cover Perio	12/1/2019 od / /	through	1 	2/31/2019 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contril	butor ccupation	Contribution Type	In-kind Description	Amendment	Amount
J I							
1 1							
/ /							
1 1							
1 1							
, I							
J I							
/ /							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	William	n L McI	Daniel	Jr			 (2) I.D. Nun	nber	5	30	
		12/1/2	019		12/31/2	2019					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/2/2019	Smith, Patricia I 975 9th Ave S Apt 14 Naples, FL 34102	re-deposit of check not made - returned	MO	Add	\$100.00
12/2/2019	Tri Pillar Contractors, LLC, Erika B 1640 Golden Gate Blvd West Naples, FL 34120	re-deposit of check not made - returned	МО	Add	\$150.00
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