

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

(1) Jack Daniels  
Name  
(2) 5438 Stetson Rd.  
Address (number and street)  
Jacksonville, FL 32207  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1018272]  
Submitted on:  
7/9/2010 15:28:16 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 243

(4) Check appropriate box(es):  
 Candidate (office sought): City Council District 5  
 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 4/1/2010 To 6/30/2010 Report Type Q2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 500.00  
 Total Monetary \$ 500.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 365.94  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 365.94

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 500.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 365.94

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jack Daniels (2) I.D. Number 243  
 4/1/2010 through 6/30/2010  
 (3) Cover Period  / /  through  / /  (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
5/7/2010 / /	DANIELS, JACK 5438 STETSON ROAD JAX, FL 32207	I	candidate	LO			\$500.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jack Daniels

(2) I.D. Number 243

4/1/2010 through 6/30/2010

(3) Cover Period      /      /      through      /      /     

(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					
5/20/2010 //	WACHOVIA, 6830 ST. AUGUSTINE RD JAX, FL 32217	bank charge	MO		\$52.94
1					
6/1/2010 //	SIGNS & STUFF, 369 BLANDING BLVD NO. 1 ORANGE PARK, FL 32073	coasters	MO		\$150.00
2					
6/18/2010 //	SIGNS & STUFF, 369 BLANDING BLVD NO. 1 ORANGE PARK, FL 32073	coasters	MO		\$163.00
3					
//					
//					
//					
//					
//					