CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Ward McDaniel	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1180089]							
(2) 160 Minnie Ola Lane	Submitted on:							
Address (number and street) Wewahitchka, FL 32465	11/20/2018 09:15:09 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 278							
(4) Check appropriate box(es):								
Candidate Office Sought: County Commission Dist 2 Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed								
(5) Report Identifiers								
Cover Period: From <u>8</u> / <u>24</u> / <u>201</u> 8 To	<u>11</u> / <u>30</u> / <u>2018</u> Report Type: <u>G-TR</u>							
☐ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>919</u> . <u>87</u>							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 00							
Total Monetary \$	Total Monetary \$, , <u>919</u> . <u>87</u>							
······································	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>2</u> , <u>100</u> . <u>00</u>	\$, <u>2</u> , <u>100</u> . <u>00</u>							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	X							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Ward McDaniel</u>				(2) I.D. Number ₂₇₈					
	8/24/2018			1/30/2018					
(3) Cover Perio	od / /	thro	bugh	I I	(4) Page	e _1	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1 1									
1 1									
1 1									
1 1									
1 1									
1 1									
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Ward</u>	CAMPAIGN TREASURER'		D EXPENDIT (2) I.D. Number	278	
(3) Cover Period	8/24/2018 I/through_	11/30/2018 //	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	McDaniel, Ward PO Box 823 Wewahitchka, FL 32465	repay loan to self	MO		\$919.87
//					
_/ /					
11					
_/ /					
11					
_/ /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES