

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

(1) DAWSON C MCDANIEL

**Name**

(2) 15050 CEMETERY RD, FORT MYERS, FL 33905

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

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

Candidate (office sought): LEE MEMORIAL HEALTH SYSTEM-4

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 10/29/2010 To 1/31/2011 Report Type TR-4

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$      34.00

Loans                      \$      0.00

Total Monetary      \$      34.00

In-Kind                      \$      0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$      1,112.13

Transfers to Office Account      \$      0.00

Total Monetary      \$      1,112.13

(8) Other Distributions      \$      0.00

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

\$      2,629.00

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

\$      2,629.13

**(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAWSON C MCDANIEL (2) I.D. Number 185

10/29/2010 through 1/31/2011

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

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution | (10)<br>In-kind<br>Description            | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|---------------------|---|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation | Type                |   |                   |                |
| 11/22/2010<br>/ /         | BANK OF AMERICA,<br>P O BOX 25118<br>TAMPA, FL 33622   | B                  |            | RE                  | refund<br>maintenan<br>monthly ce<br>fees |                   | \$34.00        |
| 1                         |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |
| / /                       |  |                    |            |                     |   |                   |                |

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

(1) Name DAWSON C MCDANIEL

(2) I.D. Number 185

10/29/2010 through 1/31/2011

(3) Cover Period      /      /      through      /      /     

(4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------------|--|--|----------------------------|-------------------|----------------|
| 12/31/2010<br>/ / | BANK OF AMERICA,<br>P O BOX 25118<br>TAMPA, FL 33622   | monthly<br>maintenance<br>fee  | MO                         |                   | \$17.00        |
| 1                 |  |  |                            |                   |                |
| 11/12/2010<br>/ / | McDaniel, Dawson C<br>15050 Cemetery Rd<br>Fort Myers, FL 33905                                | repay<br>campaign<br>loan  | MO                         |                   | \$1,061.13     |
| 2                 |  |  |                            |                   |                |
| 11/29/2010<br>/ / | McDaniel, Dawson C<br>15050 Cemetery Rd<br>Fort Myers, FL 33905                                | repay<br>campaign<br>loan  | MO                         |                   | \$34.00        |
| 3                 |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |
| / /               |  |  |                            |                   |                |