	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Daniel Stanley	OFFICE USE ONLY					
- T	Name	ONLINE SUBMISSION					
(2)		Submitted on:					
	Address (number and street)	9/19/2020 09:51:12 (eastern)					
	City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 181					
(4)		(b) To Number.					
(4)	Check appropriate box(es): X Candidate Office Sought: Clerk of the C	Circuit Court					
	Political Committee (PC)	SITCUIT COUIT					
	Electioneering Communications Org. (ECO)	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					
	individual making electioneering communications)	_ Clieck liefe if the other in of need teholite will be filled					
	(5) Possition						
0-14	(5) Report						
	er Period: From 9 / 5 / 2020 To						
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cach	h & Checks \$, , 500 . 00	Monetary Expenditures \$,, 11000_					
Casi	1 & Criecks , , , , , , , , , , , , , , , , , , ,	,,,					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to					
	6 500 00	Office Account \$, , , 0 . 00					
Tota	Il Monetary \$, , <u>500</u> . <u>00</u>	Total Monetary \$. 110 . 00					
I., IZ:		Total Monetary \$, , <u>110</u> . <u>00</u>					
In-Ki	ind \$, , 0 . <u>00</u>	(8) Other Distributions					
		(8) Other Distributions \$, 000_					
		,,,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,8, _32500	\$					
	(11) Cert	ification					
	It is a first degree misdemeanor for any person						
I certify that I have examined this report and it is true, correct, and complete:							
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Daniel Stanley				2) I.D. Numbe	er <u>1</u>	81
	9/5/2020		9	/18/2020			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	je	of
				T	1		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor 	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
9/7/2020	Johnson, Charles and Edna	I	pastor	CH			\$500.0
1 1	_7475 SW 39th Ave						
1	Jasper, FL 32052						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	niel	Stanle	ξÀ				 (2) I.D. Nun	nber	1	181	
		9/5/20	20		9/18/2	020					
(3) Cover Peri	od	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	
9/18/2020	USPS Hosford Post Office,	postage	MO		\$110.00	
1	16827 NE SR 65 Hosford, FL 32334					
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DS-DE 14 (Rov						