

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

(1) Jo Ann Daniels
Name
(2) 358 Wakulla Arran Road
Address (number and street)
Crawfordville, FL 32327
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1058103]
Submitted on:
1/7/2014 15:08:24 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 22

(4) Check appropriate box(es):
 Candidate (office sought): School Board 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 11/1/2013 To 12/31/2012 Report Type M11
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>92.70</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>92.70</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 2,000.00

(10) TOTAL Monetary Expenditures To Date
\$ 92.70

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

(1) Name Jo Ann Daniels (2) I.D. Number 22

11/1/2013 through 12/31/2002

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jo Ann Daniels

(2) I.D. Number 22

(3) Cover Period 11/1/2013 through 12/31/2012

(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					
11/24/2013 / /	The Sign En Tist, LLC., 1850 Stevenson Ave Clearwater, FL 33755	campaign sign	MO		\$72.00
1					
11/20/2013 / /	Supervisor of Elections, 3115-B Crawfordville Hwy Crawfordville, FL 32327	qualifying petition count	MO		\$20.70
2					
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