

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ethics Naples, Inc.
Name

(2) 1779 Coxton Rd.
Address (number and street)

Naples, FL 34102
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

FEB 12 2020

CITY OF NAPLES
CITY CLERK

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input type="checkbox"/> Candidate Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 01 / 25 / 2020 To 02 / 07 / 2020 Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , 5,000.00

Loans \$ _____ , 1,000.00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 14.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 208,454.21

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 192,419.65

(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)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ethics Naples, Inc. (2) I.D. Number _____

(3) Cover Period 01 / 25 / 2020 through 02 / 07 / 2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
01 / 29 / 2020	Don L. Fierce 155 5th Ave. S. Naples, FL 34102	I	Retired	LOA			\$1,000
01 / 29 / 2020	Joseph M. Migliare 12604 Bonita Ave. Dunwoody Mills, MD 21117-1209	I	Retired	CHE			\$5,000
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ethics Naples, Inc.

(2) I.D. Number _____

(3) Cover Period 01/25/2020 through 02/07/2020

(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					
01/31/2020	Fifth Third Bank P.O. Box 630900 Cincinnati, OH 45263	Bank Service Fee	DIS		\$14.00
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