CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **Name** _Ethics Naples, Inc._

(2) **Address (number and street)** _1779 Crayton Rd._

Naples, FL 34102
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

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

☐ Candidate   Office Sought: _____
☑ 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   ☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From _09_ / _01_ / _2020_ **To** _09_ / _30_ / _2020_   **Report Type:** _____

☐ Original   ☑ Amendment   ☐ Special Election Report

(6) Contributions This Report		(7) Expenditures This Report	
Cash & Checks	$ ___ , ___ ___ ___	Monetary Expenditures $ ___ , ___ , _69.36_	
Loans	$ ___ , ___ , ___ . ___	Transfers to Office Account $ ___ , ___ , ___ . ___	
Total Monetary	$ ___ , ___ , ___ . ___	Total Monetary $ ___ , ___ , _69.36_	
In-Kind	$ ___ , ___ ___ ___		

(8) **Other Distributions**
$ ___ . ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
$ ___ . _287,495.10_	$ ___ , _283,975.25_

(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) _William J. Lutz_

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

X _____ Signature

(Type name) _John Lehmann_

☐ Candidate   ☑ Chairperson (only for PC and PTY)

X _____ Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period _09 / 01 / 2020_ through _09 / 30 / 2020_ (4) Page _____1_____ 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
9/12/2020	Fifth Third Bank P.O. Box 630900 Cincinnati, OH 45263-0900	Checkbook Print Charge	DIS		$ 69.36
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES