

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ETHICS NAPLES, INC

Name

(2) 1779 CRAYTON RD.

Address (number and street)

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)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

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

Cover Period: From 11 / 30 / 2020 To 11 / 31 / 2020 Report Type: \_\_\_\_\_  
*of WJL (5) Report Identifiers 30 WJL*

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 750.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 750.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

(8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 288 , 245 . 10

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 285 , 400 . 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) JOE KARAGANIS

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 11 / 01 / 2020 through 11 / 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) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
11 / 03 / 2020		PAUL PERRY 1730 3RD ST. SOUTH NAPLES, FL 34102	I	RETIRED	CAS			\$500
11 / 16 / 2020		JOAN F. TOBIN 2434 BELMONT RD. NW WASHINGTON, DC 20008-1610	I	RETIRED	CAS			\$250
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