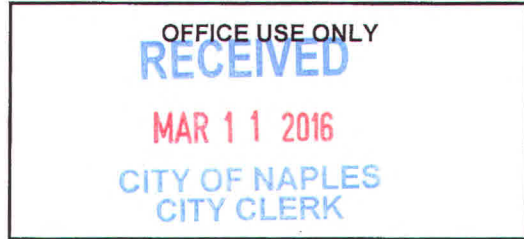


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MICHELLE L. MCLEOD
 Name
 (2) 728 OLD TRAIL DR
 Address (number and street)
NAPLES, FL 34103
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NAPLES CITY COUNCIL
- 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2/27/2016 / _____ To 3/10/2016 / _____ Report Type: _____

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,950.00 , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ 4,484.35 , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 12,338.00 , _____ . _____

(10) TOTAL Monetary Expenditures To Date


\$ 10,812.03 , _____ . _____

(11) Certification

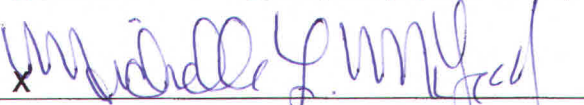
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Susan P. Christopher
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Michelle L. McLeod
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHELLE L. MCLEOD (2) I.D. Number _____

(3) Cover Period 2/27/2016 / _____ / _____ through 3/10/2016 / _____ / _____ (4) Page 1 of 1

(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
(6) Sequence Number							
2/27/2016 / /	REBECCA VACCARIELLO 605 8th AVE S. NAPLES, FL 34102	I		CHE			\$ 100.00
1							
2/29/2016 / /	DUANE STRANAHAN JR 1091 GALLEON DR NAPLES, FL 34102	I		CHE			\$ 50.00
2							
3/1/2016 / /	JEANINE MESSERSCHMIDT 2405 WOODLAWN CIR W ST PETERSBURG, FL 33704	I	TOURISM	CHE			\$ 250.00
3							
3/3/2016 / /	LOIS SELFON 71 12th AVE S. NAPLES, FL 34102	I	RETIRED	CHE			\$ 200.00
4							
3/8/2016 / /	JOHN NOCERA 1590 BONITA LANE NAPLES, FL 34102	I		CHE			\$ 100.00
5							
3/8/2016 / /	RONALD & DIANE MCGINTY 667 BINNACLE DR NAPLES, FL 34103	I	PHOTOGRAPHER	CHE			\$ 250.00
6							
3/10/2016 / /	JOHN ALLEN 100 KINGSTOWN DR NAPLES, FL 34102	I	COMM DEVLPR	CHE			\$ 1,000.00
7							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHELLE L. MCLEOD

(2) I.D. Number _____

(3) Cover Period 2/27/2016 / _____ / _____ through 3/10/2016 / _____ / _____

(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					
2/29/2016 / 1	NAPLES ST. PATRICKS FOUNDATION 300 5th AVENUE S. #101 NAPLES, FL 34102	REGISTRATION FOR ST PATRICK'S DAY PARADE	CAN		\$ 300.00
2/29/2016 / 2	FACEBOOK, INC MENLO PARK, CA 94025	ADVERTISEMENT ON FACEBOOK	CAN		\$ 22.83
3/3/2016 / 3	PRESSTIGE PRINTING 10940 HARMONY PARK DRIVE BONITA SPRINGS, FL 34135	POSTCARD MAILER AND POSTAGE	CAN		\$ 4,140.28
3/9/2016 / 4	PARTY CITY 4295 TAMiami TR N. NAPLES, FL 34103	SUPPLIES FOR ST PATRICK'S DAY PARADE	CAN		\$ 10.49
3/10/2016 / 5	PAYPAL 2211 NORTH FIRST STREET SAN JOSE, CA 95131	CREDIT CARD PROCESSING FEES	CAN		\$ 10.75
/ /					
/ /					
/ /					