

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

OFFICE USE ONLY
RECEIVED
 MAY 06 2015
 CITY OF NAPLES
 CITY CLERK

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 04/01/2015/ To 04/30/2015/ Report Type: _____
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 500 . 00
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 500 . 00
 In-Kind \$ _____ , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , 1 , 129 . 94
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , 1 , 129 . 94

(8) **Other Distributions**
 \$ _____ , _____ , _____ . _____

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , _____ , 500 . 00


(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , 1 , 129 . 94

(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


 Signature

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


 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04/01/2014 / / through 04/30/2015 / / (4) Page _____ of 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
04/30/2015 / / 1	FELIX J. LOPEZ, JR 4607 LEE BLVD LEHIGH ACRES, FL 33971	I	RETIRED	CHE			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MICHELLE L. MCLEOD

(2) I.D. Number _____

(3) Cover Period 04/01/2015 / _____ through 04/30/2015 / _____

(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					
04/14/2015 1	GO DADDY 14455 NORTH HAYDEN ROAD, SUITE 219 SCOTTSDALE, AZ 85260	DOMAIN NAME	CAN		\$0.18
04/15/2015 2	GO DADDY 14455 NORTH HAYDEN ROAD, SUITE 219 SCOTTSDALE, AZ 85260	WEBSITE AND EMAIL	CAN		\$119.76
04/28/2015 3	COLLIER COUNTRY SUPERVISOR OF ELECTIONS REV DR MARTIN LUTHER KING JR BLDG COLLIER GOVERNMENT COMPLEX 3295 TAMIAMI TRAIL EAST NAPLES, FL 34112	VOTERS REGISTRATION LIST	CAN		\$10.00
04/30/2015 4	NAPLES WOMAN'S CLUB 570 PARK ST NAPLES, FL 34102	REFUNDABLE SECURITY DEPOSIT FOR CAMPAIGN KICK-OFF EVENT SPACE	CAN		\$1,000.00
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