

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Sylvester H. Julien
Name
 (2) 1162 Buford Street, NW
Address (number and street)
Palm Bay, FL 32907
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1031225]
 Submitted on:
 10/9/2011 19:34:37 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 392

(4) **Check appropriate box(es):**
 Candidate (office sought): County Commissioner, District 5
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2011 To 9/30/2011 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>30.08</u>
Loans	\$	<u>100.00</u>
Total Monetary	\$	<u>130.08</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>32.56</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>32.56</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 130.08

(10) TOTAL Monetary Expenditures To Date
 \$ 32.56

(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sylvester H. Julien (2) I.D. Number 392

7/1/2011 through 9/30/2011

(3) Cover Period / / through / / (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
8/2/2011 / /	Julien, Sylvester Harold 1162 Buford Street,NW Palm Bay, FL 32907	S		LO			\$100.00
1							
8/6/2011 / /	Rocke, Nichole 2405 Cool Spring Rd. Adelphi, MD 20783	I		CA			\$9.41
2							
8/25/2011 / /	Julien, Kiarra 282 Hidden View Drive Groveland, FL 34736	I		CA			\$0.67
3							
8/25/2011 / /	Lundell, William Paul 170 Kristi Drive Indian Harbor Beach, FL 32937	I		CA			\$20.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sylvester H. Julien

(2) I.D. Number 392

(3) Cover Period 7/1/2011 through 9/30/2011

(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					
8/11/2011 //	PNC Bank,	check printing fee	MO		\$32.56
1					
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