

**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**  
 [1043847]  
 Submitted on:  
 8/30/2012 13:55:57 (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 4/1/2012 /        /        To 9/6/2012 /        /        Report Type TR4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 0.00  
 Total Monetary \$ 0.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 0.00

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,702.08

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,842.02

**(11) CERTIFICATION**

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

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

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

4/1/2012 through 9/6/2012

(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
8/30/2012 / /	Julien, Sylvester H 1162 Buford Street,NW Palm Bay, FL 32907		H	I	CA			\$0.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sylvester H. Julien

(2) I.D. Number 392

(3) Cover Period 4/1/2012 through 9/6/2012

(4) Page 1 of 0

(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					
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**CAMPAIGN TREASURER’S REPORT – FUND TRANSFERS**

**(1) Name** Sylvester H. Julien

**(2) I.D. Number** 392

**(3) Cover Period** 4/1/2012 through 9/6/2012

**(4) Page** 1 of 1

<b>(5) Date</b>	<b>(7) Name of Financial Institution Street Address &amp; City, State, Zip Code</b>	<b>(8) Transfer Type</b>	<b>(9) Nature of Account</b>	<b>(10) Amendment</b>	<b>(11) Amount</b>
8/30/2012	P & C Bank, 122 Malabar Rd., SW Palm Bay, FL 32907	TO	terminatio nof account, cash balance		\$36.32
2					