

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

(1) Jacqueline Schwartz  
Name

(2) P.O. Box 331322  
Address (number and street)

Coconut Grove, Fl 33233-1322  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**

(3) ID Number: 560

(4) Check appropriate box(es):

- Candidate (office sought): County Court Judge Group 19
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2007 To 6/30/2007 / Report Type Q2-07  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

**(7) EXPENDITURES THIS REPORT**

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

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 272,775.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 6,353.04

**(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) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
Signature

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

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name     Jacqueline Schwartz     (2) I.D. Number     560    

4/1/2007 6/30/2007

(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
6/22/2007 / /	Hirschhorn, Joel & Evelyn 4065 Battersea Coconut Grove, Fl 33133	I	att.	CH		Delete	\$100.00
1							
6/22/2007 / /	Hirschhorn, Joel 4065 Battersea Coconut Grove, Fl 33133	I	att.	CH		Add	\$100.00
2							
6/27/2007 / /	Iglesias, Iluminda 2333 Brickell Ave. Apt. 2108 Miami, Fl 33129	I	n/a	CH		Delete	\$500.00
3							
6/27/2007 / /	Iglesias, Iluminda 2333 Brickell Ave. Apt. 2108 Miami, Fl 33129	I	homemaker	CH		Add	\$500.00
4							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jacqueline Schwartz

(2) I.D. Number 560

(3) Cover Period 4/1/2007 through 6/30/2007

(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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