

**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>0.03</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.03</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 286,200.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 26,626.70

**(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 through 6/30/2007

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(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
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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 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					
5/16/2007 //	Sir Speedy, 3150 Ponce De Leon Boulevard Coral Gables, FL 33134	original check was submitted for \$313.00 should	MO	Add	\$0.03
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