

**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 10/1/2007 To 12/31/2007 Report Type Q4-07

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

\$ 286,899.55

(10) TOTAL Monetary Expenditures To Date

\$ 287,649.57

(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.

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(Type name) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

10/1/2007 12/31/2007

(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 10/1/2007 through 12/31/2007

(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					
12/4/2007 //	Zediker & Associates P.A., 340 Giralda Ave Miami, Fl 33134	overpayment-150\$-cashier's check	RE	Delete	\$150.00
1					
12/4/2007 //	Zediker & Associates P.A., 340 Giralda Ave Miami, Fl 33134	check was only made out to \$100.00	RE	Add	\$100.00
2					
12/5/2007 //	Washinton Mutual, PO Box 2437 Chatsworth, CA 91313-2437	bank fee statement copy	MO	Add	\$50.00
3					
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