

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

(1) Doug McClure  
**Name**  
 (2) 119 Twin Lakes RD  
**Address (number and street)**  
Hawthorne, FL 32640  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1051742]  
 Submitted on:  
 1/18/2013 18:57:32 (eastern)

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: 181

**(4) Check appropriate box(es):**

- Candidate (office sought): Bd of County Comm Dist 5
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED**
- CHECK IF CCE HAS DISBANDED**
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2012 To 7/6/2012 Report Type F1

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>-0.02</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-0.02</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,208.30

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,208.30

**(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 Doug McClure (2) I.D. Number 181

4/1/2012 through 7/6/2012

(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 Doug McClure

(2) I.D. Number 181

(3) Cover Period 4/1/2012 through 7/6/2012

(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					
4/6/2012 //	Graphics II, 623 St. Johns Ave Palatka, FL 32177	business cards	MO	Delete	\$74.85
1					
4/6/2012 //	Graphics II, 623 St. Johns Ave Palatka, FL 32177	business cards	MO	Add	\$74.84
2					
6/6/2012 //	Graphics II, 623 St. Johns Ave Palatka, FL 32177	business cards	MO	Delete	\$74.85
3					
6/6/2012 //	Graphics II, 623 St. Johns Ave Palatka, FL 32177	business cards	MO	Add	\$74.84
4					
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