

**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**  
 [1039520]  
 Submitted on:  
 7/22/2012 18:36:12 (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  **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 7/7/2012 To 7/20/2012 Report Type F2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>50.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>50.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>20.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>20.00</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,341.42

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 890.48

**(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** Doug McClure **(2) I.D. Number** 181  
**(3) Cover Period** 7/7/2012 through 7/20/2012 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
7/18/2012 / /	Anhalt, Adam 3720 NW 31st terrace Gainesville, FL 32605	I		CH			\$50.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Doug McClure

(2) I.D. Number 181

(3) Cover Period 7/7/2012 through 7/20/2012

(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					
7/16/2012 //	McClure, Kathy 119 twin lakes rd hawthorne, fl 32640	reimbursement for petition fee and copy of county budget.	MO		\$20.00
1					
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