

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

(1) Alachua County Citizens For Quality Health Care  
Name

(2) P.O. Box 141131  
Address (number and street)  
Gainesville, FL 32614  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): \_\_\_\_\_

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

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1036644]

Submitted on:  
7/3/2012 09:59:39 (eastern)

(3) ID Number: 324

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2012 / 7/6/2012 / To 7/6/2012 / 12 F1 Report Type

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 \$ 79.98  
Transfers to Office Account \$ 0.00  
Total Monetary \$ 79.98

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,250.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 534.51

**(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Alachua County Citizens For Quality Health Care (2) I.D. Number 324

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 Alachua County Citizens For Quality Health Care (2) I.D. Number 324

(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					
5/23/2012 / /	TARGET COPY, GAINESVILLE, FL	printing	MO		\$79.98
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**CAMPAIGN TREASURER'S REPORT – CONTRIBUTOR SUMMARY**

Covers all contributions for this election cycle through 2012-07-03 09:59:39

Name Alachua County Citizens For Quality Health Care ID Number 324

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Name/Address	Date	Contributor Type	Occupation	Contribution Type	In-Kind Description	Amendment	Amount
Contributor Subtotal							----- \$0.00
GLODFADEN, STEPHEN L 1905 NW 13th STREET GAINESVILLE, FL 32601	3/28/2012	I	dentist	CH			\$250.00
Contributor Subtotal							----- \$250.00
HUGHES, BERTRAM 316 SW 16th AVENUE GAINESVILLE, FL 32605	3/28/2012	I	dentist	CH			\$500.00
Contributor Subtotal							----- \$500.00
PALADINO, JAMES C 1204 NW 69th TERRACE SUITE E GAINESVILLE, FL 32605	3/28/2012	I	dentist	CH			\$500.00
Contributor Subtotal							----- \$500.00
LAST PAGE							