

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

(1) Julia McIntyre
Name
 (2) 1053 Live Oak Cir
Address (number and street)
Port Charlotte, FL 33948
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1044696]
 Submitted on:
 9/18/2012 16:59:47 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 344

(4) **Check appropriate box(es):**
 Candidate (office sought): Heritage Oak Park CDD, Grp 1 - Gen.Election Only
 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 8/10/2012 To 9/14/2012 / Report Type G1
 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 \$ 12.00

(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
 \$ 0.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p> |
|--|--|

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Julia McIntyre **(2) I.D. Number** 344
(3) Cover Period 8/10/2012 through 9/14/2012 **(4) Page** 1 of 1

| (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 |
|---------------------|--|--|---------|-----------------------------|---|-------------------|----------------|
| 8/14/2012 / / | Allcroft, Harry 1221 Green Oak Trail Port Charlotte, FL 33948 | I | retired | IK | printed sign for display on donor's vehicle | | \$12.00 |
| 1 | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Julia McIntyre

(2) I.D. Number 344

(3) Cover Period 8/10/2012 through 9/14/2012

(4) Page 1 of 0

| (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 | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |