

**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
[1050516]
Submitted on:
11/21/2012 10:11:13 (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
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11/2/2012 To 2/4/2013 Report Type TRGEN
 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 \$ 50.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 50.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 50.00

(10) TOTAL Monetary Expenditures To Date
 \$ 50.00

(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Julia McIntyre (2) I.D. Number 344

11/2/2012 through 2/4/2013

(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 Julia McIntyre

(2) I.D. Number 344

(3) Cover Period 11/2/2012 through 2/4/2013

(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					
11/21/2012 / /	McIntyre, Julia 1053 Live Oak Circle Port Charlotte, Fl 33948	repayment of loan from candidate to campaign account	MO		\$50.00
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