

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

(1) Marc McCullough
Name
 (2) 1037 Hubbard St.
Address (number and street)
Jacksonville, FL 32206
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1057654]
 Submitted on:
 12/10/2013 21:43:35 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 534

(4) **Check appropriate box(es):**
 Candidate (office sought): City Council District 7
 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 11/1/2013 To 11/30/2013 Report Type M11
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 3,250.00
 Loans \$ 0.00
 Total Monetary \$ 3,250.00
 In-Kind \$ 500.00

(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
 \$ 5,400.00

(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>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marc McCullough (2) I.D. Number 534
 11/1/2013 through 11/30/2013
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation				
11/27/2013 / /	Huff, Doris 8905 4th Av. Jacksonville, Fl 32208	I	customer service	CH			\$500.00
1							
11/27/2013 / /	Moody, Kandi 2134 FOURAKER RD Jacksonville, Fl 32210	I	sales	CH			\$250.00
2							
11/27/2013 / /	Moody, Patrick 2134 FOURAKER RD Jacksonville, Fl 32210	I	management	CH			\$250.00
3							
11/23/2013 / /	Goodman, Todd 6265 Diane Rd Jacksonville, Fl 32277	I	finance manager	CH			\$250.00
4							
11/23/2013 / /	Goodman, Debra 6265 Diane Rd Jacksonville, Fl 32277	I	customer service	CH			\$250.00
5							
11/23/2013 / /	Goodman, Debra 6265 Diane Rd Jacksonville, Fl 32277	I	customer service	CH			\$250.00
6							
11/9/2013 / /	Barton, Kenya 6945 Morse Rd Jacksonville, Fl 32244	I	customer service	CH			\$500.00
7							
11/20/2013 / /	McCullough, Alan 7740 Southside Blvd Jacksonville, Fl 32256	I	constructi on	CH			\$500.00
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marc McCullough **(2) I.D. Number** 534
11/1/2013 through 11/30/2013
(3) Cover Period / / through / / **(4) Page** 2 of 2

(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
(6) Sequence Number							
11/30/2013 / /	Littlejohn, Namon 8685 Blackhawk Ct Jacksonville, Fl 32244	I	self employed	CH			\$250.00
9							
11/30/2013 / /	Littlejohn, Devette 8685 Blackhawk Ct Jacksonville, Fl 32244	I	self employed	CH			\$250.00
10							
11/30/2013 / /	Pierce, Lewis 1230 E. 7Th St Jacksonville, Fl 32206	I	dj	IK	dj services		\$500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marc McCullough

(2) I.D. Number 534

(3) Cover Period 11/1/2013 through 11/30/2013

(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					
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