

**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
 [1055556]
 Submitted on:
 8/2/2013 14:39:44 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 534

(4) Check appropriate box(es):

- Candidate (office sought): City Council District 7
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED**
- CHECK IF CCE HAS DISBANDED**
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2013 To 6/30/2013 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | | |
|----------------|----|------------------|
| Cash & Checks | \$ | <u>-1,500.00</u> |
| Loans | \$ | <u>1,500.00</u> |
| Total Monetary | \$ | <u>0.00</u> |
| In-Kind | \$ | <u>0.00</u> |

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 2,150.00

(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.)

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

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

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

(Type name) _____

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

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marc McCullough (2) I.D. Number 534

4/1/2013 through 6/30/2013

(3) Cover Period / / through / / (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|--------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 6/25/2013 / / | McCullough, Marc A 1937 Hubbard st jax, fl 32206 | S | school director | CH | | Delete | \$1,500.00 |
| 1 | | | | | | | |
| 6/25/2013 / / | McCullough, Marc A 1937 Hubbard st jax, fl 32206 | S | school director | LO | | Add | \$1,500.00 |
| 2 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marc McCullough

(2) I.D. Number 534

(3) Cover Period 4/1/2013 through 6/30/2013

(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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