CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Harold McCart	OFFICE USE ONLY				
	Name ONLINE SUBMISS:					
(2)	https://votemccart.com; 4495-304 Roose	evelt Blvd. Suite 277 [116/996] Submitted on:				
	Address (number and street)	5/15/2019 11:35:10 (eastern)				
	Jacksonville, FL 32210	(
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:845				
(4)	1) Check appropriate box(es):					
	 ☐ Candidate Office Sought: City Council At Large Group 4 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 					
	(5) Report	Identifiers				
Cove	er Period: From 6 / 1 / 2018 To					
		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Casl	h & Checks \$,,	Monetary				
Loar		Transfers to Office Account \$, , , 0 . 00				
Tota	I Monetary \$, , , 000	Total Monetary \$. 0 . 00				
In-Ki	ind \$, , 0.00	Total Monetary \$, , 0 . 00				
		(8) Other Distributions \$, , 000				
(9)	TOTAL Monetary Contributions To Date \$,38 , _94500	(10) TOTAL Monetary Expenditures To Date \$,29 , _63601				
(T		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)				
X		<u>X</u>				
Si	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Harold McCart			(2) I.D. Number					
	6/1/2018		6	/30/2018				
(3) Cover Perio	od//	thro	ough	11	(4) Page	e <u>1</u>	of	
-				r				
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)	_	SECOND DESCRIPTION OF SECOND		Torre (Program)			
Sequence Number	Street Address &		ontributor	Contribution	In-kind	Amendment	Amount	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Harold McCart (2) I.D. Number 845							
	6/1/2018 6, 	/30/2018	, 4) Page <u>1</u>		0		
(5) Date (6) Sequence Number	(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)	(11) Amount		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Harold McCart (I.D. Number 845			
(3) Cover Perio	od 6/1/2018 thro	ough6/30/2018	(4) Page	e <u> </u>	of1	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	
6/28/2018	Omni Garage, 245 Water Street Jacksonville, FL 32202	parking		Add	\$5.00	