FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY										
(1) Pauline M. Drayton Name	OFFICE USE ONLY 64									
(2) Duval County Courthouse, 330 East Bay St	reet. Room 356, Jacksonville, FL 32202									
Address (number and street)										
City, State, Zip Code										
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:									
(4) Check appropriate box(es):  X Candidate (office sought): County Court J	udge Group 4									
☐ Political Committee	CHECK IF PC HAS DISBANDED									
☐ Committee of Continuous Existence [	CHECK IF CCE HAS DISBANDED									
☐ Electioneering Communication	<ul> <li>☐ Party Executive Committee</li> <li>☐ Electioneering Communication</li> <li>☐ CHECK IF NO OTHER ELECTIONEERING</li> <li>COMMUNICATION REPORTS WILL BE FILED</li> </ul>									
	IDENTIFIERS									
Cover Period: From	7/28/2006 / Report Type F1									
☑ Original ☐ Amendment ☐ Special Election	Report									
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT									
Cash & Checks \$0.00	Monetary Expenditures \$ 572.00									
Loans \$	Transfers to Office Account \$ 0.00									
Total Monetary \$	Total Monetary \$ 572.00									
In-Kind \$										
	(8) Other Distributions \$ 0.00									
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
\$ 5,425.00	\$5,425.00_									
(11) CERTIFICATION										
	on 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.  I certify that I have examined this report and it is true, correct, and complete.										
(Type name)	(Type name)									
Individual (only for Treasurer Deputy Treasurer election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)									
X	X									
Signature	Signature									

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	Pauline M. Drayton				z) I.D. Numbe	6	4
	7/1/2006		7	/28/2006			
(3) Cover Perio	od///	through			(4) Pag	<b>e</b> 1	of <sup>0</sup>
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<b>(E)</b>	(7)	(0)		(0)	(40)	(4.4)	(40)
(5)	(7)	(8)	)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contril		Contribution	In-kind		
Number	City, State, Zip Code	Type Oc	cupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _E	Pauline	Μ.	Dray	ton			***************************************		 (2) I.D.	Num	ber		64	200
	7.	/1/	2006			7/28,	/2006				-			
(3) Cover Po	eriod	1		1	through	1	0	/	(4) Pag	е	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/24/2006	Drayton, Pauline 330 East bay Street Jacksonville, FL 32202	refund of loan	RE		\$542.00
7/1/2006	Wachovia Bank, Hendricks Avenue Jacksonville, FL 32207	bank service charge(s)	MO		\$30.00
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DS-DE 14 (Rev.					