

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

(1) Jackson County Democratic Committee
Name

(2) P.O. Box 5853
Address (number and street)

Marianna, FL 32447
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) **Check appropriate box(es):**

Candidate (office sought): _____

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**

OFFICE USE ONLY

ONLINE SUBMISSION
[1029855]

Submitted on:
7/11/2011 11:03:21 (eastern)

(3) ID Number: 131

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2011 To 3/31/2011 / Report Type Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>19,330.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>19,330.00</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
\$ 19,330.00

(10) TOTAL Monetary Expenditures To Date
\$ 727.94

(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 Jackson County Democratic Committee (2) I.D. Number 131

1/1/2011 through 3/31/2011

(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				
1/1/2011 / / 1	from Prior Report, Carryover Balance P.O. Box 5853 Marianna, FL 32447	0		CH	carryover balance from prior report.	Add	\$19,330.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jackson County Democratic Committee

(2) I.D. Number 131

(3) Cover Period 1/1/2011 through 3/31/2011

(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
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