

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

<p>(1) <u>CITIZENS TO IMPROVE MUNROE HOSPITAL WITH A NEW TENANT, NOT NEW TAXES</u></p> <p><b>Name</b></p> <p>(2) <u>2769 NE 32NE PL</u></p> <p><b>Address (number and street)</b></p> <p><u>OCALA, FL 34479</u></p> <p><b>City, State, Zip Code</b></p> <p><input type="checkbox"/> <b>CHECK IF ADDRESS HAS CHANGED</b></p> <p>(4) <b>Check appropriate box(es):</b></p> <p><input type="checkbox"/> Candidate (office sought): _____</p> <p><input checked="" type="checkbox"/> Political Committee <span style="margin-left: 100px;"><input type="checkbox"/> <b>CHECK IF PC HAS DISBANDED</b></span></p> <p><input type="checkbox"/> Committee of Continuous Existence <span style="margin-left: 100px;"><input type="checkbox"/> <b>CHECK IF CCE HAS DISBANDED</b></span></p> <p><input type="checkbox"/> Party Executive Committee</p> <p><input type="checkbox"/> Electioneering Communication <span style="margin-left: 100px;"><input type="checkbox"/> <b>CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED</b></span></p>	<p><b>OFFICE USE ONLY</b></p> <p><b>ONLINE SUBMISSION</b></p> <p>[1052335]</p> <p>Submitted on: 2/1/2013 14:39:59 (eastern)</p> <p>(3) ID Number: <u>208</u></p>
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**(5) REPORT IDENTIFIERS**

Cover Period: From 11/2/2012 To 1/31/2013 / Report Type TRG-C

☒ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	0.00	
Loans	\$	0.00	
Total Monetary	\$	0.00	
In-Kind	\$	0.00	

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	286.75	
Transfers to Office Account	\$	0.00	
Total Monetary	\$	286.75	

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,350.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 286.75

<b>(11) CERTIFICATION</b>	
<b>It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)</b>	
<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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** CITIZENS TO IMPROVE MUNROE HOSPITAL WITH A NEW TENANT, NOT NEW TAXES **(2) I.D. Number** 208  
**(3) Cover Period** 11/2/2012 through 1/31/2013 **(4) Page** 1 of 0

(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
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CITIZENS TO IMPROVE MUNROE HOSPITAL WITH A NEW TENANT, NOT NEW TAXES (2) I.D. Number 208  
 11/2/2012 1/31/2013  
 (3) Cover Period 11/2/2012 through 1/31/2013 (4) Page 1 of 1

(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
12/20/2012 / /	Helping Hands, 101 NE 16 Ave Ocala, FL 34470	close account sent to 501 c3	MO		\$286.75
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