

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

(1) Jacqueline Schwartz  
Name

(2) P.O.Box 331285  
Address (number and street)

Coconut Grove, FL 33133  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): County Court Judge Group 19

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

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1057703]

Submitted on:  
12/13/2013 10:36:59 (eastern)

(3) ID Number: 1245

**(5) REPORT IDENTIFIERS**

Cover Period: From 11/1/2013 To 11/30/2013 Report Type M11-1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>-500.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-500.00</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 231,531.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 24,984.83

**(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 EXPENDITURES**

(1) Name Jacqueline Schwartz

(2) I.D. Number 1245

(3) Cover Period 11/1/2013 through 11/30/2013

(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
(6) Sequence Number					
11/25/2013 / /	Traffic Ticket Office, 720 NW 105th Street Miami, FL 33150	replacement check #5759	RE	Delete	\$500.00
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