

CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS
OFFICE USE ONLY
6495 CAROLINE ST., STE. P
MILTON, FL 32570-4592

(1) Jose Giraud
Name
(2) 4535 Hayrs Rd
Address (number and street)
Milton, FL 32583
City, State, Zip Code

2014 FEB 3 AM 11 58

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: County Court Judge Sep 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 10 / 14 To 02 / 03 / 14 Report Type: M1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ ~~500~~ , _____ , _____

Loans \$ _____ , _____ , 500.00

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ ~~500~~ , _____ , 22.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ 500 , _____ , _____

(10) TOTAL Monetary Expenditures To Date

\$ ~~500~~ , _____ , 22.00

(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) Jose Giraud
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Jose Giraud
 Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Jose Gilaud SUPERVISOR OF ELECTIONS
 6495 CAROLINE ST. (2) ID Number _____
 MILTON, FL 32570-4592

(3) Cover Period 01 10 14 through 02 10 31 14 (4) Page _____ of _____
 2014 FEB 3 AM 11 58

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
01 10 14	Jose Gilaud 4535 Hayes Rd Milton FL 32583	I	County/ Judge	Loan			500
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jose Gilera

(2) ED Number SUPERVISOR 67

(3) Cover Period 01/10/14 through 02/10/14

(4) Page 6495 CAROLINE ST. STE. F MILTON, FL 32570-4592 of

(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
01/10/14	Bank of America 6207 Hwy 90 Milton FL 32570	2014 FEB 3 CHECKS FOR CHECKING ACCT	AM 11 58 MON		\$22.00
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