



CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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MAY 14 2010

(1) Name CAMILLE HERNANDEZ (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2,12,2010 through 5,13,2010 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
2,12,10	CAMILLE HERNANDEZ	<del>IND</del>		CAS			\$ 50.00
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MAY 14 2010

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name CAMILLE HERNANDEZ (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 2, 12, 2010 through 5, 13, 2010 (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					
2/15/10	SUPERVISOR OF ELECTIONS DADE CITY, FL	VOTER VERIFICATION	VOTER VERIFICATION DIS		\$ 2.00
2/15/10	CITY OF DADE CITY	ELECTION ASSESSMENT	DIS		\$ 12.00
2/15/10	CITY OF DADE CITY	QUALIFYING FEE	DIS		\$ 25.00
5/13/10	CAMILLE HERNANDEZ	CLOSE ACT. RETURN CAMPAIGN FUNDS	DIS		\$ 11.00
1/1					
1/1					
1/1					
1/1					