

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

(1) Jim Melvin  
Name  
(2) 3893 Uvero Raso Rd  
Address (number and street)  
MILTON, FL 32583  
City, State, Zip Code

SUPERVISOR OF ELECTIONS  
OFFICE USE ONLY  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592  
2013 JAN 7 AM 10 16

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): County Commissioner  
 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

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 12 To 12 / 31 / 12 Report Type Q4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ \_\_\_\_\_  
 Loans \$ 900<sup>00</sup>  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ \_\_\_\_\_  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_

(8) Other Distributions

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 1900<sup>00</sup>

(10) TOTAL Monetary Expenditures To Date

\$ 2500

(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) Jim Melvin  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Jim Melvin  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Jim Melvin  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X Jim Melvin  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Jim Melvin (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/01/12 through 12/31/12 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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		
10/01/12	Jim Melvin 3893 WARD BASIN RD MILTON, FL 32583	I	County Commissioner	LOAN			\$600 <sup>00</sup>
10/11/12	Jim Melvin 3893 WARD BASIN RD MILTON, FL 32583	I	County Commissioner	LOAN			300 <sup>00</sup>
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