

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

6495 CAROLINE ST. SIE. F  
 MILTON, FL 32570-4552  
 SUPERVISOR OF ELECTIONS  
 OFFICE USE ONLY

2013 JAN 7 AM 10 16

(1) Jim Melvin  
 Name  
 (2) 3893 WARD BASIN RD  
 Address (number and street)  
MILTON, FL 32583  
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): County Commissioner Dist 2  
 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 08/03/2012 To 09/30/2012 Report Type Q 3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_  
 Loans \$ 1000<sup>00</sup>  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 25<sup>00</sup>  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 25<sup>00</sup>

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ 1000<sup>00</sup>

(10) TOTAL Monetary Expenditures To Date  
 \$ 25<sup>00</sup>

**(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.

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(Type name)

- Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name)

- Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X Jim Melvin  
 Signature

X Jim Melvin  
 Signature

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

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

(3) Cover Period 08 103 12010 through 09 130 12012 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
08 103 13	Jim Melvin 3893 WARD BASIN Rd MILTON, FL 32583		County Commissioner				100 <sup>00</sup>
				LOAN			
08 124 12012	Jim Melvin 3893 WARD BASIN Rd MILTON FL 32583		County Commissioner				900 <sup>00</sup>
				LOAN			
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

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

(3) Cover Period 08/03/12 through 09/30/12 (4) Page \_\_\_\_\_ 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
08/03/12	Santa Rosa Fed. Credit Union P.O. Box 841 MILTON, TX 75472	Open checking Acct	MOV		\$25.00
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