

CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS
 100 W. MILITARY ST., STE. F
 MILTON, FL 32570-4592
OFFICE USE ONLY

2014 JUL 31 PM 3 58

(1) Jim MELVIN
 Name
 (2) 3893 WARR BASIN Rd
 Address (number and street)
MILTON FL 32583
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 07/19/14 To 07/25/14 Report Type: P-4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

NONE

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

NONE

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 37, 653.⁰⁰

(10) TOTAL Monetary Expenditures To Date

\$ _____, 26, 271.27

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X Jim Melvin
 Signature

(Type name) Jim MELVIN
 Candidate Chairperson (only for PC and PTY)

X Jim Melvin
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim Melvin

(2) I.D. Number _____

(3) Cover Period 07, 19, 14 through 07, 25, 14

(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
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NONE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jim Melvin (2) I.D. Number _____

(3) Cover Period 07/19/14 through 07/25/14 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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-NONE-