

CAMPAIGN TREASURER'S REPORT SUMMARY

SUPERVISOR OF ELECTIONS

6495 CAROLINE ST. STE. F
MILTON, FL 32570-4592

2014 AUG 15 AM 8 28

(1) Jim Melvin
Name

(2) 3893 WARD 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: COUNTY COMMISSIONER DIST # 2
- 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 08/02/14 To 08/09/14 Report Type: P-6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 100.00

Loans \$ _____, _____

Total Monetary \$ _____, _____

In-Kind \$ _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____

Transfers to Office Account \$ _____, _____

Total Monetary \$ _____, _____

NONE

(8) Other Distributions

\$ _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 38,253.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 33,197.42

(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 CONTRIBUTIONS

P-6

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

(3) Cover Period 08 10 2014 through 08 10 9 2014 (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		
08107114	SAM T. MULLINS 5922 ALLENTOWN MILTON, FL 32570	Rd	CONSTRUCTION				
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1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim Melvin

(2) I.D. Number _____

(3) Cover Period 08,02,14 through 08,09,14

(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
(6) Sequence Number					
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