SUPERMICOR OF ELECTIONS
6495 CAROLINE ST. STE. F

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Jim MELVIN	2009 OCT 12 deliceduse dura							
Name (2) 3893 WARD BASIN ROAD								
Address (number and street)								
City, State, Zip Code								
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es):	Λ # _{<} ,							
☐ Candidate (office sought): County Conis.	STONGA DIST 44							
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED							
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING							
	COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT IDENTIFIERS								
Cover Period: From 07 / 01 / 09 To								
Original Amendment Special Election								
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT Monetary							
Cash & Checks \$,	Expenditures \$							
Loans \$,	Transfers to Office Account \$, , .							
Total Monetary \$,	Total							
	Monetary \$, ,							
In-Kind \$, ,								
	(8) Other Distributions							
	\$, ,							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$	\$							
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
certify that I have examined this report and it is true, correct, and I certify that I have examined this report and it is true, correct, and								
complete.	complete.							
Type name)	(Type name) IM V C LV IN Chairperson (only for PC, PTY &							
electioneering commun.)	electioneering commun. organization)							
I'm bolow	X Jun hater							
Signature	Signature							

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

	(1) NameIM MELVIN			(2) I.D.	(2) I.D. Number			
	(3) Cover Period	07/01/09	through	09 13	0109	(4) Pag	e o	f
	(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
47 or 19 or	07/24/09	BLACKWATER RIVER EAST CORP	B	CONTINIENCE STORES	CHE			#250 on
7 C	07/28/09	NI	B	well ing	CHE			50000
		DHD MEDICAL SERVICES INC	R	MEDICAL Services	CHE			30000
~7	57 120 109	Jim MeLVIN 3893 WARD BAS MILTON, FC	~I	Relieves	LOA			100
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	, ,							
	/ /							
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	DS-DE 13 (Rev. 08/03	SE	E REVE	RSE FOR INS	TRUCTIONS A	ND CODE VA	LUES	

(1) Name	CAMPAIGN TREASURER'S F	REPORT - ITEMIZE	D EXPENDI (2) I.D. Numb		- "" <i>XX</i>
(3) Cover Per	riod <u>07 / 0/ / 09</u> through <u>09</u>	130 109	(4) Page	of	
(5) Date (6) Sequence	(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)	(11)
Number 07/20/69		,	MON		#22.94
08/05/09	Culacasa Da = 15 C		MON		101.18
08 /24 / 09	Supervisor of Electrons	TURN IN CARDS	MON		10 09
09/17/09	Supervisor of Electrons	TORNIN CARDS	MON		1040
9/30/09	Supervisor of Electron		Man		10.12
/ /	,				
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES