

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

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

OFFICE USE ONLY
2010 OCT 11 AM 8 25

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought):

SRC County Commissioner Dist 4

Political Committee

CHECK IF PC HAS DISBANDED

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 08 / 20 / 2010 To 08 / 30 / 2010 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ Ø
Loans \$ Ø
Total Monetary \$ Ø
In-Kind \$ Ø

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 5,467¹¹
Transfers to Office Account \$ _____
Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 21,275.64

(10) TOTAL Monetary Expenditures To Date
\$ 21,275.64

(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 08 / 20 / 2010 through 08 / 30 / 2010 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

NONE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JIM MELVIN (2) I.D. Number _____

(3) Cover Period 08/20/2010 through 08/30/2010 (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					
08/30/2010	Jim Melvin 3893 WARD BARN RD MILWA FC 30083		DLS		\$5,467.11
///					
///					
///					
///					
///					
///					
///					
///					