

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

(1) James Moore
Name

(2) 5602 SW 57 Place
Address (number and street)

Davie, FL 33314

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

02-24-12A11:44 RCVD

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Davie Town Council, District 1

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 2 / 4 / 12 To 2 / 17 / 12 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 2,000.00

Total Monetary \$ 2,000.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,111.52

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,111.52

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 5,150.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,247.62

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Deborah Moore

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
Signature

(Type name) James Moore

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

X 
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name James Moore (2) I.D. Number _____

(3) Cover Period 2 / 4 / 12 through 2 / 17 / 12 (4) Page 1 of 1

(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
2 / 17 / 12	Moore, James J. 5602 SW 57 Place Davie, FL 33314	I	Insuranc e Sales	LOA			2000.00
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name James Moore

(2) I.D. Number _____

(3) Cover Period 2 / 4 / 12 through 2 / 17 / 12

(4) Page 1 of 1

(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					
2 / 17 / 12	Moore, James J. 5602 SW 57 Place Davie, FL 33314	Reimbursement for Paper from Office Max	MON		\$27.55
1					
2 / 17 / 12	Moore, James J. 5602 SW 57 Place Davie, FL 33314	Reimbursement for Magnets and Signs from Docuvision	MON		\$2,083.97
2					
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