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

(1) James (Jim) Moore
Name

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

Davie, FL 33314
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(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

OFFICE USE ONLY
RECEIVED

MAR - 9 2012

TOWN OF DAVIE
 Town Clerk's Office

(5) REPORT IDENTIFIERS

Cover Period: From 2 / 18 / 12 To 3 / 8 / 12 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 225.00

Loans \$ 1,000.00

Total Monetary \$ 1,225.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,039.81

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,039.81

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 6,375.00

(10) TOTAL Monetary Expenditures To Date

\$ 6,287.43

(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

(Type name) James Moore

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X 
 Signature

X 
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

03-09-12 P03:48 RCVD 

(1) Name James (Jim) Moore

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 12 through 3 / 8 / 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
(6) Sequence Number							
3 / 2 / 12 1	Gallen, Bob & Pat 4430 38th Street South St. Petersburg, FL 33711	I	Retired	CHE			\$100.00
3 / 8 / 12 2	Moore, Jim & Amanda 1540 Morning Rose Place Trinity, FL 34655	I	Retired	CHE			\$125.00
3 / 8 / 12 3	Moore, James J. 5602 SW 57 Place Davie, FL 33314	I	Insurance Sales	LOA			\$1,000.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name James (Jim) Moore

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 12 through 3 / 8 / 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
3 / 8 / 12	Moore, James J. 5602 SW 57 Place Davie, FL 33314	Reimbursement for shirts, advertising, & refreshments	MON		\$2,039.81
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