

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES ROBERT MURRAY
Name

(2) 1224 NORMANDY DRIVE
Address (number and street)

MOUNT DORA FLORIDA 32757
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

05-03-16 A09:16 IN

(4) Check appropriate box(es):

- Candidate Office Sought: MOUNT DORA CITY COUNCIL DISTRICT 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 29 / 16 To 04 / 30 / 16 Report Type: 2016-144

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 300 . 00

Loans \$ _____ , _____ , / . _____

Total Monetary \$ _____ , _____ , / . _____

In-Kind \$ _____ , _____ , / . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 61 . 10

Transfers to Office Account \$ _____ , _____ , / . _____

Total Monetary \$ _____ , _____ , 61 . 10

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 300 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 61 . 10

(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) JAMES ROBERT MURRAY

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
Signature

(Type name) JAMES ROBERT MURRAY

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JAMES ROBERT MURRAY (2) I.D. Number _____

(3) Cover Period 04 / 29 / 16 through 04 / 30 / 16 (4) Page 1 of 1

(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		
04, 29, 16	MURRAY, MR. JAMES ROBERT 1324 NORMANDY DR MOUNT DORA FL 32757	1	RETIRED	LOA			300.00
1							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JAMES ROBERT MURRAY

(2) I.D. Number _____

(3) Cover Period 04/29/16 through 04/30/16

(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					
04/29/16	CITY OF MOUNT DORA 510 NORTH BAKER STREET MOUNT DORA FL 32757	CANDIDATE FILING	CAN		61.10
1					
/ /					
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To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.