

## CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

06-01-16 A09:33 IN

1) JAMES ROBERT MURRAY  
Name

(2) 1224 NORMANDY DR.  
Address (number and street)

MOUNT DORA FL 32757  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(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 05 / 01 / 16 To 05 / 31 / 16 Report Type: 2016 M5

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ 500 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 441 . 50

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 79 . 25

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 79 . 25

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 800 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 140 . 35

### (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 05 / 01 / 16 through 05 / 31 / 16 (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		Type	Occupation	Type	Description	Amendment	Amount
05 / 31 / 16	MURRAY JAMES ROBERT 1224 NORMANDY DR MOUNT DORA FL 32757	1	RETIRED		INK		441 <u>50</u>
1							
05 / 31 / 16	MURRAY JAMES ROBERT 1224 NORMANDY DR MOUNT DORA FL 32757	1	RETIRED	LOA			500 <sup>00</sup>
2							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name JAMES ROBERT MURRAY

(2) I.D. Number \_\_\_\_\_

Cover Period 05/01/16 through 05/31/16

(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
5/17/16	FIRST NATIONAL BANK 714 DONNELLY ST MOUNT DORA FL 32757	ACCOUNT CHECKS	CAN		29 <sup>25</sup>
1					
5/19/16	SUPERVISOR OF ELECTIONS 315 WEST MAIN ST TAVARES FL 32778	VOTER LIST	CAN		10 <sup>00</sup>
2					
5/25/16	SUPERVISOR OF ELECTION 315 WEST MAIN ST TAVARES FL 32778	VOTER LIST	CAN		40 <sup>00</sup>
3					
1/1					
1/1					
1/1					
1/1					
1/1					

## 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)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  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: 2016-14

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) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
04, 29, 16	MURRAY, MR. JAMES ROBERT 1224 NORMANDY DR MOUNT DORA FL 32757	1	RETIRED	LOA			300.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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.