

V A

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES MURRAY
 Name _____
 (2) 1224 NORMANDY DR
 Address (number and street) _____
MOUNT DORA FL 32757
 City, State, Zip Code _____

OFFICE USE ONLY
RECEIVED
 FEB - 6 2017
 BY: [Signature]

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 07 | 30 | 16 To 08 | 05 | 16 Report Type: 2016 P-5
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	<u>100</u>	.	<u>00</u>
Loans	\$	_____	,	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	,	<u>100</u>	.	<u>00</u>
In-Kind	\$	_____	,	_____	,	<u>436</u>	.	<u>42</u>

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	<u>115</u>	.	<u>56</u>
Transfers to Office Account	\$	_____	,	_____	,	_____	.	_____
Total Monetary	\$	_____	,	_____	,	<u>115</u>	.	<u>56</u>

(8) Other Distributions
 \$ _____, _____, 1 . 1

(9) TOTAL Monetary Contributions To Date
 \$ _____, 1,625 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 1,271 . 89

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

(Type name) JAMES MURRAY
 Candidate Chairperson (only for PC and PTY)

X
 Signature [Signature]

X
 Signature [Signature]

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

AMENDED

[Signature]

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

(3) Cover Period 7 / 27 / 16 through 7 / 29 / 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		Amount
7 / 27 / 16 1	MURRAY JAMES 1224 NORMANDY DR MT DORA FL 32757	I	RETIRED	INK	CARD STOCK		43. ²¹
7 / 27 / 16 2	MARVIN SMITH 207 OVERLOOK EUSTIS FL	I		CHE			100. ⁰⁰
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							