

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

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 10 / 15 / 16 To 10 / 21 / 16 Report Type: G 6
2016

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 120 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____, 3,085 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 2,375 . 44

(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

(1) Name MURRAY, JAMES

(2) I.D. Number _____

(3) Cover Period 10 / 08 / 16 through 10 / 14 / 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		
10 / 08 / 16	HOECHST CATHY 601 N. McDONALD ST MOUNT DORA FL 32757	I		INK	MEET/ GREET COMPLEX		\$50
1							
10 / 13 / 16	DUANE, CINDY CHAUTAQUA MOUNT DORA FL 32757	I		INK	MEET/ GREET CHAUTAQUA HOME OWNERS		\$50
2							
10 / 10 / 16	MURRAY, JAMES 1224 NORMANDY DR MOUNT DORA FL 32757	I		INK	V.M.D. FARMERS MARKET BOOTH		20
3							
10 / 14 / 16	MURRAY, JAMES 1224 NORMANDY DR MOUNT DORA FL 32757	I		INK	CHILI COOK-OFF EQUIP FOOD BOOTH		186 ⁰⁰
4							
10 / 11 / 16	TABEE INC P.O. BOX 881629 PORT ST LUCIE FL 349987	B	ALLIED CHEMICAL PAINT PRODUCTS	CHE			\$250
5							
1 / 1							
1 / 1							