OFFICE USE ONLY Name (2) 2584 Christopher Drive Address (number and street) Titusville, FL 32780 City, State, Zip Code CHECK IF ADDRESS HAS CHANGED (3) ID Number: 325 (4) Check appropriate box(es):	=								
(2) 2584 Christopher Drive [1015939] Address (number and street) Titusville, FL 32780 City, State, Zip Code CHECK IF ADDRESS HAS CHANGED (3) ID Number: 325	7								
Address (number and street) Titusville, FL 32780 City, State, Zip Code CHECK IF ADDRESS HAS CHANGED Submitted on: 1/5/2010 14:16:15 (eastern) 325									
Titusville, FL 32780 City, State, Zip Code ☐ CHECK IF ADDRESS HAS CHANGED 1/5/2010 14:16:15 (eastern) (3) ID Number: 325									
CHECK IF ADDRESS HAS CHANGED (3) ID Number: 325									
(4) Check appropriate box(es):									
(4) Check appropriate box(es): X Candidate (office sought): Property Appraiser 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									
(5) REPORT IDENTIFIERS									
Cover Period: From $\binom{10/1/2009}{l}$ To $\binom{12/31/2009}{l}$ Report Type \mathbb{Q}^4									
☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report									
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT									
Cash & Checks \$ 100.00 Expenditures \$ 0.00									
Loans \$ 0.00 Transfers to Office Account \$ 0.00									
Total Monetary \$ 100.00 Total Monetary \$ 0.00									
In-Kind \$									
(8) Other Distributions \$0.00									
(9) TOTAL Monetary Contributions To Date \$									
(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) I certify that I have examined this report and it is true correct, and complete. (Type name)									
Individual (only for election eering commun.) Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY & election eering commun. organization)									
X Signature Signature	_								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jim Ford		30	(2) I.D. Numb	er	325
(3) Cover Peri	od///		12/31/2009	(4) Pa	ge1	of
(5) Date (6) Sequence Number	(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)	(12)
11/12/2009	FORD, JIM 2584 CHRISTOPHER DR TITUSVILLE, FL 32780	I co. property appraise	СН	Beschiption		\$100.0
11/17/2009	FORD, JIM 2584 CHRISTOPHER DR TITUSVILLE, FL 32780	I co. property appraise	IK	wed hosting & domain name		\$59.4
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(1) Name	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES Ford (2) I.D. Number 325								
(3) Cover Period	10/1/2009 d//	through	/31/2009 _//(1) Page <u>1</u>	of _	0			
(5) Date	Full I	7) Name	(8) Purpose	(9)	(10)	(11)			
(6) Sequence Number	Street A	First, Middle) ddress & e, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount			
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