

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Jim Davis  
Name  
(2) 8498 Ruckman Ave.  
Address (number and street)  
Jacksonville, FL 32221  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1026781]  
Submitted on:  
1/10/2011 10:36:28 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 304

(4) Check appropriate box(es):  
 Candidate (office sought): City Council District 12  
 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 10/1/2010 To 12/31/2010 Report Type Q4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 350.00  
 Loans \$ 0.00  
 Total Monetary \$ 350.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 69.85  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 69.85

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 350.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 69.85

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Jim Davis **(2) I.D. Number** 304  
 10/1/2010 through 12/31/2010  
**(3) Cover Period**      /      /      through      /      /      **(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
11/17/2010 / /	Davis, Jim 8498 Ruckman Ave Jacksonville, Fl 32221	I	politician	CH			\$100.00
1							
11/17/2010 / /	Skirvin, Jerry 1530 Eddings Rd Ln Jacksonville, Fl 32221	I	marketing	CH			\$100.00
2							
11/22/2010 / /	Lumb, Robin 2821 Gibson Rd Jacksonville, Fl 32221	I	printer	CH			\$50.00
3							
11/22/2010 / /	Yost, Michael Halsema Rd S. Jacksonville, Fl 32244	I	politician	CA			\$50.00
4							
12/6/2010 / /	Davis, Jim 8498 Ruckman Ave Jacksonville, Fl 32221	I	politician	CH			\$50.00
5							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jim Davis

(2) I.D. Number 304

(3) Cover Period 10/1/2010 through 12/31/2010

(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					
11/24/2010 / /	Atlantic Coast Bank, 8048 Normandy Blvd Jacksonville, Fl 32221	purchase checks	MO		\$19.85
1					
12/9/2010 / /	Davis, Jim 8498 Ruckman Ave. Jacksonville, Fl 32221	refund	RE		\$50.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					