

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

(1) James Eddy  
Name  
(2) 222 Lawton Avenue  
Address (number and street)  
Jacksonville, FL 32208  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1055034]  
Submitted on:  
7/2/2013 22:13:28 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 540

(4) Check appropriate box(es):  
 Candidate (office sought): City Council District 7  
 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 4/1/2013 To 6/30/2013 / Report Type Q2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 10.00  
 Loans \$ 400.00  
 Total Monetary \$ 410.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 350.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 350.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 495.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 414.39

**(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 James Eddy (2) I.D. Number 540

(3) Cover Period 4/1/2013 through 6/30/2013 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
4/22/2013 / /	Eddy, James 222 Lawton Ave Jacksonville, Fl 32208	I	restaurant manager	LO			\$400.00
1							
5/28/2013 / /	Bales, Wendell 9000 Broward rd Jacksonville, Fl 32215	I	restaurant lead	CA			\$5.00
2							
5/28/2013 / /	Olson, John --- Jacksonville, Fl 32208	I	guest services	CA			\$5.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name James Eddy

(2) I.D. Number 540

(3) Cover Period 4/1/2013 through 6/30/2013

(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					
4/25/2013 //	Victory Institute, 1133 15th Street NW, Suite 350 Washington, DC 20005	campaign training	MO		\$350.00
1					
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