

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

(1) Jimmy Holderfield
Name
 (2) P.O. Box 10268
Address (number and street)
Jacksonville, FL 32247
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1057276]
 Submitted on:
 12/4/2013 15:58:24 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 584

(4) **Check appropriate box(es):**
 Candidate (office sought): Sheriff
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 11/1/2013 To 11/30/2013 Report Type M11
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 11,200.00
 Loans \$ 50.00
 Total Monetary \$ 11,250.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 11,250.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy Holderfield (2) I.D. Number 584
 11/1/2013 through 11/30/2013
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
11/27/2013 / /	Holderfield, Jimmy A. ***Protected***	S		LO			\$50.00
1							
11/26/2013 / /	SEIBLER, SCOTT F ***Protected***	I	payroll manager	CH			\$1,000.00
2							
11/29/2013 / /	JAMES, CLARENCE H 9365 THUNDERBOLT DR. JACKSONVILLE , FL 32221	I	law enforcement	CH			\$1,000.00
3							
11/29/2013 / /	JAMES, RAE A 9297 THUNDERBOLT CT JACKSONVILLE, FL 32221	I	cosmetolog ist	CH			\$1,000.00
4							
11/27/2013 / /	OLIVER, DAVID PO BOX 60861 JACKSONVILLE , FL 32236	I	police sergeant	CH			\$1,000.00
5							
11/28/2013 / /	JAMES, JAQUELINE H. 9365 THUNDERBOLT DR. JACKSONVILLE, FL 32221	I	office clerk	CH			\$1,000.00
6							
11/29/2013 / /	MESSICK, WILLIAM R ***Protected***	I	ret correction s sergeant	CH			\$1,000.00
7							
11/29/2013 / /	BARRIER, CHRISTOPHER 2285 MARSH HAWK LN APT # 17-208 FLEMING ISLAND, FL 32003	I	correction s officer	MO			\$1,000.00
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy Holderfield (2) I.D. Number 584
 11/1/2013 through 11/30/2013
 (3) Cover Period / / through / / (4) Page 2 of 2

(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						
11/30/2013 / /	HARRIS, URANA H. 15726 NORTHSIDE DR. W. JACKSONVILLE, FL 32218	I state trooper	CH			\$1,000.00
9						
11/30/2013 / /	HARRIS, MARK P. 15726 NORTHSIDE DR. W. JACKSONVILLE, FL 32218	I correctional officer	CH			\$1,000.00
10						
11/30/2013 / /	HOLDERFIELD, PAM ***Protected***	I homemaker	CH			\$1,000.00
11						
11/30/2013 / /	HOLDERFIELD, JIMMY ***Protected***	I ret police director	CH			\$1,000.00
12						
11/30/2013 / /	KILCREASE, DAVID 8420 COMMONWEALTH AVE JACKSONVILLE, FL 32220	I ret. police lieutenant	CH			\$200.00
13						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jimmy Holderfield

(2) I.D. Number 584

(3) Cover Period 11/1/2013 through 11/30/2013

(4) Page 1 of 0

(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					
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