

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Melody Shacter  
 Name  
 (2) 426 Orange Bluff Avenue  
 Address (number and street)  
Jacksonville, FL 32211  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1083883]

Submitted on:  
 1/21/2015 08:24:55 (eastern)

Check here if address has changed

(3) ID Number: 632

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 1
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2015 To 1 / 16 / 2015 Report Type: F1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 525 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 525 . 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

\$      ,   28   , 199 . 15

### (10) TOTAL Monetary Expenditures To Date

\$      ,   13   , 926 . 68

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Melody Shacter (2) I.D. Number 632

(3) Cover Period 1/1/2015 through 1/16/2015 (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
1/5/2015 / /	Serkin, Sharon 1403 8th Street North Jacksonville Beach, FL 32250	I social worker	CA			\$25.00
1						
1/13/2015 / /	Dostie, Richard 9301 Old Kings Road South Jacksonville, FL 32257	I home builder	CH			\$500.00
2						
1/16/2015 / /	Wiss, Ellen 112 Sea Hammock Way Ponte Vedra, FL 32082	I community volunteer.	CH			\$1,000.00
3						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

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

(1) Name Melody Shacter

(2) I.D. Number 632

(3) Cover Period 1/1/2015 through 1/16/2015

(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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