

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
 [1062666]

Submitted on:
 5/5/2014 21:02:49 (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 4 / 1 / 2014 To 4 / 30 / 2014 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 600 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 600 . 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
 \$, 1 , 600 . 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.)

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
 4/1/2014 4/30/2014
 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
4/6/2014 / /	Shacter, Ron 426 Orange Bluff Avenue Jacksonville, FL 32211	I	retired.	CH			\$250.00
1							
4/6/2014 / /	Shacter, Bonnie 426 Orange Bluff Avenue Jacksonville, FL 32211	I	retired.	CH			\$250.00
2							
4/6/2014 / /	Robinson, Barbara 230 Magnolia Street Atlantic Beach, FL 32233-4008	I	retired	CH			\$50.00
3							
4/6/2014 / /	Varon, Marie 2430 Ironwood Drive Jacksonville, FL 32216-2521	I	retired	CH			\$50.00
4							
4/6/2014 / /	Shacter, David 426 Orange Bluff Avenue Jacksonville, FL 32211	I	business owner/buil der	CH			\$500.00
5							
4/14/2014 / /	Bristol, Gail 1924 Leonid Road Jacksonville, FL 32218	I	retired	CH			\$250.00
6							
4/14/2014 / /	Bohannon, Jack D 4188 Marquette Avenue Jacksonville, FL 32210	I	retired	CH			\$100.00
7							
4/14/2014 / /	Young, John L 1578 Stillwell Road Apt F San Francisco, CA 94129-1068	I	retired	CH			\$25.00
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

4/1/2014 through 4/30/2014

(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
4/28/2014 / /	Shacter, Carolyn 5418 Weller Place Jacksonville, FL 32211	I	school administra tion	CH			\$100.00
9							
4/28/2014 / /	Miller, Shirley 483 Harrison Dr. NW Concord, NC 28027-4533	I	retired.	CH			\$25.00
10							
/ /							
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/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Melody Shacter

(2) I.D. Number 632

(3) Cover Period 4/1/2014 through 4/30/2014

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					