

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) James M. Breaker  
Name

(2) 7619 Calvin Street  
Address (number and street)

Jacksonville, FL 32208  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1085867]

Submitted on:  
3/6/2015 14:04:50 (eastern)

Check here if address has changed

(3) ID Number: 645

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 8
- 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 2 / 21 / 2015 To 2 / 27 / 2015 Report Type: F5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 100 . 00

In-Kind \$      ,      , 500 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      , 2 , 977 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      , 2 , 977 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 16 , 575 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 7 , 670 . 43

### (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 James M. Breaker (2) I.D. Number 645  
 (3) Cover Period 2/21/2015 through 2/27/2015 (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
(6) Sequence Number							
2/21/2015 / /	Flower, Robert 5184 Norwood Ave Jax, FL 32208	I	retired	CH			\$100.00
1							
2/27/2015 / /	Thomas, Roy P. O.Box 12099 Jax, FL 32209	I	contractor	IK	campaign office repairs		\$500.00
2							
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							

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

(1) Name James M. Breaker

(2) I.D. Number 645

(3) Cover Period 2/21/2015 through 2/27/2015

(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					
2/24/2015 / /	Cox Media Group, 8000 Belfort Parkway Jax, Fl 32256	advertisement	MO		\$600.00
1					
2/24/2015 / /	Tiki Graphics, 2831 Dunn Ave Jax, Fl 32218	signs	MO		\$1,115.00
2					
2/25/2015 / /	Yield Foundation Inc., 1023 N Liberty St Jax, Fl 32206	t-shirts	MO		\$1,262.00
3					
/ /					
/ /					
/ /					
/ /					
/ /					