

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
 [1088860]

Submitted on:
 7/2/2015 16:35:38 (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 11 / 1 / 2014 To 11 / 30 / 2014 Report Type: M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , -500.00

Loans \$, , 0.00

Total Monetary \$, , -500.00

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
 \$, 24 , 724.00

(10) TOTAL Monetary Expenditures To Date
 \$, 19 , 927.58

(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
 11/1/2014 through 11/30/2014
 (3) Cover Period / / through / / (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							
11/10/2014 / /	Trotter, Louise 6564 Utsey Rd Jax, Fj 32219	I	retired	CA		Delete	\$500.00
1							
11/10/2014 / /	Trotter, Louise 6564 Utsey Rd Jax, Fj 32219	I	retired	CH		Add	\$500.00
2							
11/10/2014 / /	Trotter, Louise 6564 Utsey Rd Jax, Fl 32219	I	retired	CH		Delete	\$500.00
3							
11/10/2014 / /	Trotter, Louise 6564 Utsey Rd Jax, Fl 32219	I	retired	CH		Add	\$0.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name James M. Breaker

(2) I.D. Number 645

(3) Cover Period 11/1/2014 through 11/30/2014

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