

## 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**  
 [1088862]

Submitted on:  
 7/2/2015 16:48:58 (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 \$      ,      , 0 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , -200 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , -200 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 24 , 724 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 19 , 727 . 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 0

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

**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 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					
11/29/2014 //	VIP, 3610 Moncrief Rd Jax, Fl 32209	donations for 4 churches	MO	Delete	\$200.00
1					
11/29/2014 //	VIP, 3610 Moncrief Rd Jax, Fl 32209	donations for 4 churches	MO	Add	\$0.00
2					
11/4/2014 //	Church of Crucifixion, Edgewood Ave Jax, Fl 32209	hall rental	MO	Delete	\$50.00
3					
11/4/2014 //	Church of Crucifixion, 3183 Edgewood Ave Jax, Fl 32209	hall rental	MO	Add	\$50.00
4					
11/24/2014 //	New Image, Beach Blvd Jax, Fl	printing	MO	Delete	\$165.00
5					
11/24/2014 //	New Image, 2141 Beach Blvd Jax, Fl 32207	printing	MO	Add	\$165.00
6					
//					
//					