

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) JOHN A. JAMES
Candidate, Committee or Party Name

(2) NONE
I.D. Number

(3) PO BOX 1971 DELEON SPGS FL 32130
Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

- Candidate (office sought): VOLUSIA COUNTY COUNCIL DIST 1
- Political Committee Check if PC has DISBANDED
- Committee of Continuous Existence Check if CCE has DISBANDED
- Party Executive Committee

(5) REPORT IDENTIFIERS

Cover Period: From 10/14/00 To 11/02/00 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 17.00

Loans \$ _____

Total Monetary \$ _____

In-kind \$ _____

RECEIVED
NOV -3 AM 9:21
SUPERVISOR OF ELECTIONS
VOLUSIA COUNTY, FL.

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 17.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date
\$ 721.00

(10) TOTAL Monetary Expenditures to Date
\$ 632.99

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (cc. 839.13, F.S.)

I certify that I have examined this report and it is true, correct and complete

JOHN A JAMES
Name of Treasurer Deputy Treasurer

[Signature]
Signature

I certify that I have examined this report and it is true, correct and complete

JOHN A JAMES
Name of Candidate Chairman (PC/PTY Only)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOHN A JAMES

(2) I.D. Number NONE

(3) Cover Period 10 / 14 / 00 through 11 / 02 / 00

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
10/26/00 00001	JOHN A JAMES PO BOX 1971 DELEON SPGS, FL 32130	I	RETIRED	CHE			\$17 ⁰⁰
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOHN A JAMES

(2) I.D. Number NONE

(3) Cover Period 10/14/00 through 11/02/00

(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
10/26/00 00001	FOUR TOWNS BPW ORANGE CITY, FL	LUNCHEON	MON		\$17.00
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