

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

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

RECEIVED  
(2) NONE

(3) P O Box 1971 DELEON SPGS City DELEON SPGS State FL Zip Code 32130  
Address (number and street)

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 07/01/00 To 07/28/00 Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 102.82

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 102.82

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions to Date  
\$ 200.00

(10) TOTAL Monetary Expenditures to Date  
\$ 102.82

(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.

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 07/01/00 through 07/28/00

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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				
07/07/00	000001	JOHN A. JAMES PO BOX 1971 DELEON SPGS, FL 32130	I	RETIRED				\$200 <sup>00</sup>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name JOHN A JAMES

(2) I.D. Number NONE

(3) Cover Period 07/01/00 through 07/28/00

(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
(6) Sequence Number					
07/10/00 000001	QUALITY QUICKPRINT 1441 N. AMELIA AVE. DELAND, FL 32724-2318	BROCHURES	MON		\$102.82
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