

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jim Neely Candidate, Committee or Party Name (2) RECEIVED
Cal. Dir. Number FL PM 3:57 32720

(3) 600 N. Boundary #114B DeLand Address (number and street) FL City State 32720 Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

- Candidate (office sought): WVHA Group A Seat 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 8/4/00 To 8/31/00 Report Type FR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00
 Loans \$ _____
 Total Monetary \$ 100.00
 In-kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 974.18
 Transfers to Office Account \$ _____
 Total Monetary \$ 974.18

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date
 \$ 1,100.00

(10) TOTAL Monetary Expenditures to Date
 \$ 1,024.18

(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

James Armstrong
 Name of Treasurer Deputy Treasurer

James Armstrong
 Signature

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

Jim Neely
 Name of Candidate Chairman (PC/PTY Only)

Marky
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jim Neely

(2) I.D. Number _____

(3) Cover Period 8/14/00 through 8/11/00

(4) Page 2 of 3

(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				
8/18/00	Jim Neely	I	retired candidate	LOA			100.00
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim Neely

(2) I.D. Number _____

(3) Cover Period 8/14/00 through 8/11/00

(4) Page 3 of 3

(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					
8/18/00	Express Printing	Palm cards + Business Cards			967.92
8/14/00	Camera Store	pictures for campaign			6.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					