

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) Jim Neely (2) _____
 Candidate, Committee or Party Name I.D. Number

(3) 521 Nutmeg Cir DeLand FL 32724
 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): W.U.H. A 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 \$1121.00 To \$1301.00 Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 50.00

Transfers to Office Account \$ _____

Total Monetary \$ 50.00

(8) Other Distributions \$ _____

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

(10) TOTAL Monetary Expenditures to Date
 \$ 1,074.18

(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)

Jim Neely
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim ~~Amst~~ Neely

(2) I.D. Number _____

(3) Cover Period 8/12/00 through 8/31/00

(4) Page _____ of _____

(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
8/18/00	DeLand CoFC	table for Hob Nob meeting		✓	25.00
2				Add	
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					