

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

(1) JIM NEELY Candidate, Committee or Party Name (2) _____ I.D. Number

(3) 600 No Boundary Ave #114B Address (number and street) DELAND City FL 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
- 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 7,19,00 To 8,03,00 Report Type FI

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 1,000.00

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 \$ 1,000.00

(10) TOTAL Monetary Expenditures to Date \$ 50.00

(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 CONTRIBUTIONS

(1) Name Jim Neely

(2) I.D. Number _____

(3) Cover Period 7/1/00 through 7/28/00

(4) Page 2 of 3

(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				
7/19/00		Jim Neely	I	retired candidate	LOA			1,000.-
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 DEPARTMENT OF ELECTIONS

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 SPRINGFIELD

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jim NEELY

(2) I.D. Number _____

(3) Cover Period 7/1/00 through 7/12/00

(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
7/19/00	Dept of Elections	filing fee			25 ⁰⁰
7/25/00	The Camera Shop	Photo			25 ⁰⁰
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DIVISION OF ELECTIONS
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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