

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

**OFFICE USE ONLY**

06-08-15 P01:04 IN

(1) James J. Moore  
**Name**

(2) 5602 SW 57th Place  
**Address (number and street)**

Davie, FL 33314

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Town Councilmember, District 1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 03 / 06 / 2015 To 06 / 01 / 2015 Report Type TR

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ \_\_\_\_\_ 0.00

Loans    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 0.00

In-Kind    \$ \_\_\_\_\_ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ \_\_\_\_\_ 941.48

Transfers to Office Account    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 941.48

(8) Other Distributions  
\$ \_\_\_\_\_ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ 2,310.00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ 2,310.00

**(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.

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(Type name) James J. Moore

(Type name) James J. Moore

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAMES (Jim) MOORE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 06 / 2015 through 06 / 01 / 2015

(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					
03 / 10 / 15	Jim Moore 5602 SW 57th Place Davie, FL 33314	Petty Cash	PCW		\$500.00
1					
04 / 20 / 15	UnitedHealthcare Children's Foundation 9700 Health Care Lane Minnetonka, MN 55343	Charity	DIS		\$250.00
2					
05 / 29 / 15	Jim Moore 5602 SW 57th Place Davie, FL 33314	Loan Repayment	DIS		\$191.48
3					
/ /					
/ /					
/ /					
/ /					
/ /					