

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) James Holcombe  
 Name  
 (2) 1212 Draycott St  
 Address (number and street)  
Ormond Beach, FL 32174  
 City, State, Zip Code

**OFFICE USE ONLY**

Tues 7/10/18 2:04 PM

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Ormond Beach Commissioner Zone 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 23 / 18 To 7 / 6 / 18 Report Type: P2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 148 . 32

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 148 . 32

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 232 . 52

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (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:

(Type name) James Holcombe

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

(Type name) James Holcombe

Candidate  Chairperson (only for PC and PTY)

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

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

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name James Holcombe

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

(3) Cover Period 6/23/18 through 7/6/18

(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
6/25/18	Ormond Beach city clerk 22 S Beach St Ormond Beach, FL 32174	Qualifying Check	CAN		131.37
1					
6/28/18	BiZ cards Ormond 500 W Granada Blvd Ormond Beach, FL 32174	Name tag	CAN		16.95
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					