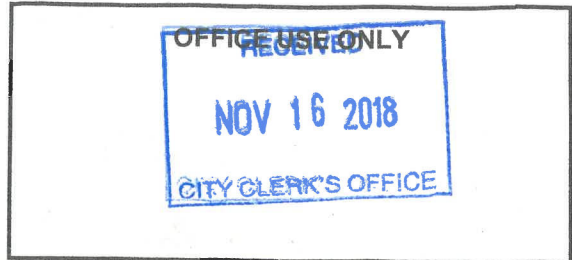


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jim Davis  
Name

(2) Po Box 16147  
Address (number and street)

Plantation FL 33318  
City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Councilman Group 1
- 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 8 / 17 / 18 To 11 / 15 / 2018 Report Type: TR

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ 00

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

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 4115.50

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

Total Monetary \$ 4115.50

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 65,60.82

### (10) TOTAL Monetary Expenditures To Date

\$ 65,60.82

### (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) Jim Davis

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

Jim Davis  
Signature

(Type name) Jim Davis

Candidate  Chairperson (only for PC and PTY)

Jim Davis  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jim Davis

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

(3) Cover Period 8 / 17 / 18 through 11 / 15 / 18

(4) Page \_\_\_\_\_ of \_\_\_\_\_

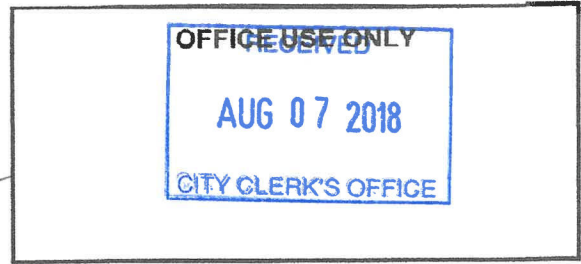
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/15/18	Jim Davis PO Box 16147 PLANTATION FL 33318	REPAYMENT OF LOAN	DIS		4115.00
1					
///					
///					
///					
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///					
///					
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///					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jim Davis  
Name

(2) PO BOX 16147  
Address (number and street)

PLANTATION LA 33318  
City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: City Council Group 1
- 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 07 / 01 / 2018 To 07 / 31 / 2018 Report Type: m 7 2018

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 1,000

Loans \$ 5,000

Total Monetary \$ 6,000

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 1,884.50

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

Total Monetary \$ 1,884.50

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 6,560.82

### (10) TOTAL Monetary Expenditures To Date

\$ 2,445.32

### (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) Jim Davis

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

X Jim Davis  
Signature

(Type name) Jim Davis

Candidate  Chairperson (only for PC and PTY)

X Jim Davis  
Signature

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

(1) Name Jim Davis (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/01/2018 through 07/31/2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
07/03/2018 1	Jim Davis PO Box 1647 PLANTATION	CK	Bus Co	LOA			\$ 500
07/03/2018 2	Bill Lowrey AM HERITAGE	CK	School Admin	CHE			500
07/03/2018 3	American Heritage	CK	School	CHE			500
1 1							
1 1							
1 1							
1 1							

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

(1) Name Jim Davis (2) I.D. Number \_\_\_\_\_

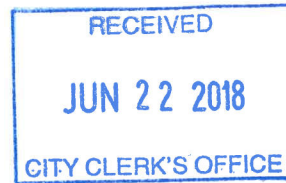
(3) Cover Period 7/1/18 through 7/31/18 (4) Page 1 of 1

(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) Sequence Number					
07/02/2018	MILUTEMAN PRESS	PRINTING	CHECK		481.61
1					
07/03/2018	ULSTA GO PRINT	PRINTING	CHECK		384.74
2					
07/10/2018	SANT A RAMA	PRINTING	CHECK		420.00
3					
07/15/2018	GREAT WESTERN PRINT	PRINTING	CHECK		2482.4
4					
07/20/2018	MILUTEMAN PRESS	PRINTING	CHECK		349.91
5					
11					
11					
11					

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Jim Davis  
*(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)*

am a candidate for the nonpartisan office of Plantation City Council Group 1  
*(Office)* 1 *(District #)*  
; I am a qualified elector of Broward County, Florida;  
*(Circuit #)* 1 *(Group or Seat #)*

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 101228132

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*  
JIM DAVIS

X Jim Davis <sup>954</sup> (352) 472-2858 DAVIS TOURS @ AOL-G  
*Signature of Candidate* *Telephone Number* *Email Address*  
550 NW 118th Ave PLANTATION FL 33325  
*Address* *City* *State* *ZIP Code*

STATE OF FLORIDA  
COUNTY OF Broward

Susan K. Slattery  
**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 22nd  
day of June, 2018.  
Personally Known:  or Produced Identification:   
Type of Identification Produced: \_\_\_\_\_



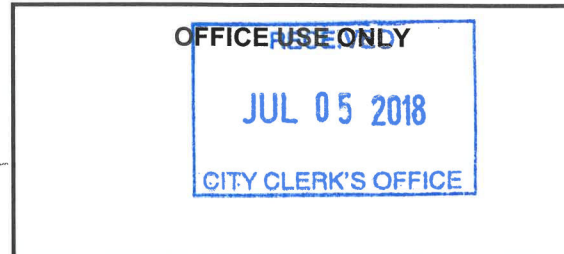
## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jim Davis  
Name

(2) Po BOX 1614  
Address (number and street)

PLANTATION LA 33318  
City, State, Zip Code

Check here if address has changed



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

(4) Check appropriate box(es):

Candidate Office Sought: City Council group 1

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 / 1 / 2018 To 6 / 30 / 2018 Report Type: M 6 2018

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_, 560.82

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

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, 560.82

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

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

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 560.82

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 560.82

### (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)

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

X Jim Davis  
Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

X Jim Davis  
Signature

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

(1) Name Jim Davis (2) I.D. Number \_\_\_\_\_

(3) Cover Period 6, 1, 2018 through 6, 30, 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
6, 22, 18	Jim Davis PO Box 16147	LoA	Business	LoA			560 <sup>82</sup>
1							
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							
/ /							



# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

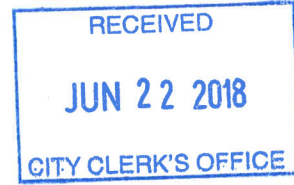
(1) Name ImAVIS (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 6/1/2018 through 6/30/2018 (4) Page 1 of 1

(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					
6/24/18	CITY OF PLANTATION 40 NW 73RD AVE PLANTATION	CAMPAIGN	CHE		\$ 250 <sup>00</sup>
1					
6/27/18	CITY OF PLANTATION 40 NW 73RD AVE PLANTATION	CAMPAIGN	CHE		31082
2					
///					
///					
///					
///					
///					
///					

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Jim Davis

**3. Address** (include post office box or street, city, state, zip code)

Po Box 16147

**4. Telephone**

(954) 472-2558

**5. E-mail address**

DAVIS T@30@AOL.COM PLANTATION FLA 33329

**6. Office sought** (include district, circuit, group number)

Plantation City Council - Group 1

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Ruth Davis

**11. Mailing Address**

550 NW 118th Ave

**12. Telephone**

(954) 3285455

**13. City**

PLANTATION

**14. County**

BROWARD

**15. State**

FL

**16. Zip Code**

33329

**17. E-mail address**

**18. I have designated the following bank as my**

Primary Depository

Secondary Depository

**19. Name of Bank**

Regions

**20. Address**

400 N. Pine Island

**21. City**

PLANTATION

**22. County**

BROWARD

**23. State**

FLA

**24. Zip Code**

33324

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

June 22, 2018

**26. Signature of Candidate**

X Jim Davis

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Ruth Davis, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

June 22, 2018

Date

X

Ruth Davis

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last) Jim Davis      3. Address (include post office box or street, city, state, zip code) 550 NW 118th Ave

4. Telephone (954) 6052173      5. E-mail address DavisTours@aol.com      Plantation FL 33324

6. Office sought (include district, circuit, group number) City Council - Group 1      7. If a candidate for a nonpartisan office, check if applicable:  
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer Jim Davis

11. Mailing Address Po Box 16147      12. Telephone (954) 472-2858

13. City Plantation    14. County Broward    15. State FL    16. Zip Code 33318    17. E-mail address DavisTours@aol.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank Regions      20. Address Pine Island

21. City Plantation    22. County Broward    23. State FL    24. Zip Code 33324

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

25. Date June 21, 2008      26. Signature of Candidate Jim Davis

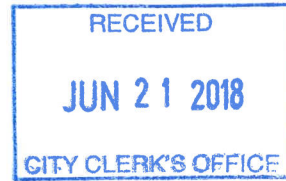
27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Jim Davis, do hereby accept the appointment  
(Please Print or Type Name)  
designated above as:  Campaign Treasurer     Deputy Treasurer.  
June 21, 2008    Jim Davis  
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Jim Davis,  
candidate for the office of City Council - Group 1;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Jim Davis  
Signature of Candidate

July 21, 2018  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).