| CAMPAIGN TREASURER'S REPORT SUMMARY  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| (1) Elaine Brown  Name (2) 1302 Neptune Grove Dr. E  Address (number and street)  Neptune 13ch, Fl 32266  City, State, Zip Code  Check here if address has changed  (4) Check appropriate box(es):  Candidate Office Sought: Mayor-Sea   | City Clerk's Office City of Neptune Beach  (3) ID Number: |  |  |  |  |  |
| □ 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 / / To  | / / Report Type:  |  |  |  |  |  |
| ☐ Original ☐ Amendment ☐ Spe   | cial Election Report                                      |  |  |  |  |  |
| (6) Contributions This Report  | (7) Expenditures This Report                              |  |  |  |  |  |
| Cash & Checks \$ , , <u>600</u> · <u>00</u>  | Monetary<br>Expenditures \$ , , ₹24 . 90                  |  |  |  |  |  |
| Loans \$,, <u>500</u> 00   | Transfers to Office Account \$ , ,                        |  |  |  |  |  |
| Total Monetary \$,,,,  | Total Monetary \$ , , \$\frac{\$24}{24} \cdot 90          |  |  |  |  |  |
| In-Kind \$,,   | (8) Other Distributions                                   |  |  |  |  |  |
|  | \$ <u>O</u> , ,   |  |  |  |  |  |
| (9) TOTAL Monetary Contributions To Date \$, \$ /, _ / OO OO _   | (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.)   |   |  |  |  |  |  |
| Certify that I have examined this report and it is true, correctly   CHARD BROWN (Type name)   Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)   |   |  |  |  |  |  |

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

| (1) Name Elaine Brown |        |     |                               | (2) I.D. Number |          |  |       |
|-----------------------|--------|-----|-------------------------------|-----------------|----------|--|-------|
| (3) Cover Period      | 021 11 | 120 | through <u>03</u> / <u>10</u> | 120             | (4) Page |  | of _/ |

| (5)<br>Date                | (7)<br>Full Name                                      |      | (8)                   | (9)                  | (10)                   | (11)      | (12)   |
|----------------------------|---|------|-----------------------|----------------------|------------------------|-----------|--------|
| (6)                        | (Last, Suffix, First, Middle)                         | _    | ا معاددات             | Ocadella dica        | las latas d            |           |        |
| Sequence<br>Number         | Street Address &<br>City, State, Zip Code             | Туре | ontributor Occupation | Contribution<br>Type | In-kind<br>Description | Amendment | Amount |
|                            | Eldine Brown<br>1302 Nept Grv. Z<br>Nept Boh 32266    |      | MKTG.<br>MGR.         | LOAN                 |                        |           | 4500.  |
| 02, 23,20                  | Rong Diamond<br>1515 Ocean Front<br>Nept Bob Fl 32266 |      | NonProfit<br>CEO      | E                    |                        |           | \$250. |
|                            | Lois Pearce<br>4105 London Rd.<br>Jax 32207           |      | Recruiter             | E                    |                        |           | \$100. |
| 03,8,20                    | Lois Pearce<br>Shadow Lane<br>Nept Beh 32266          |      | Retired               | E                    |                        | 3         | 1250   |
| 1 1                        |   |      |                       |                      |                        |           |        |
|                            |   |      |                       |                      |                        |           |        |
| / /<br>DS-DE 13 (Rev. 11/1 |   |      |                       |                      |                        |           |        |

**DS-DE 13 (Rev. 11/13)** 

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| (1) Name Elaine Brown (2) I.D. Number (2) |  |  |                     |           |         |  |  |
|---|--|--|---------------------|-----------|---------|--|--|
| (3) Cover Perio                           | d <u>02   //   20</u> through <u>03</u>                                    | 10,20  | i) Page/            | of        | /       |  |  |
| (5)<br>Date                               | (7)<br>Full Name   | (8)<br>Purpose                                     | (9)                 | (10)      | (11)    |  |  |
| (6)<br>Sequence<br>Number                 | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure<br>Type | Amendment | Amount  |  |  |
| 03/08/20                                  | anedot. som/accounts Electronic payment Systems                            | Contributions electronic nandling fees             |                     |           | \$24.90 |  |  |
| //  |  |  |                     |           |         |  |  |
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