

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Anna Lopez Brosche  
 Name  
 (2) 5150 Belfort Rd. S.; Building 600  
 Address (number and street)  
Jacksonville, FL 32256  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1185833]

Submitted on:  
 3/14/2019 08:20:42 (eastern)

Check here if address has changed

(3) ID Number: 941

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 2 / 23 / 2019 To 3 / 1 / 2019 Report Type: F6

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , -1 , 000 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        , -1 , 000 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        , -1 , 000 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , -1 , 000 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 171 , 785 . 97

### (10) TOTAL Monetary Expenditures To Date

\$        , 61 , 115 . 33

### (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**

Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Anna Lopez Brosche (2) I.D. Number 941

2/23/2019 through 3/1/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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
2/28/2019 / /	Bono's of America Inc, 10645 Philips Hwy, Bldg 200 Jacksonville, FL 32256	B	restaurant group	RE		Add	\$-1,000.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Anna Lopez Brosche

(2) I.D. Number 941

(3) Cover Period 2/23/2019 through 3/1/2019

(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					
2/28/2019 / /	Bono's of America Inc, 10645 Philips Hwy, Bldg 200 Jacksonville, FL 32256	refund	RE	Delete	\$1,000.00
1					
2/28/2019 / /	Bono's of America Inc, 10645 Philips Hwy, Bldg 200 Jacksonville, FL 32256	refund	RE	Add	\$0.00
2					
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