

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Brown  
 Name

(2) PO Box 1192  
 Address (number and street)  
Lynn Haven, FL 32444  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1291525]

Submitted on:  
 2/1/2023 15:12:36 (eastern)

Check here if address has changed (3) ID Number: 618

(4) Check appropriate box(es):

Candidate Office Sought: Lynn Haven Commissioner Seat 1

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2023 To 1 / 31 / 2023 Report Type: M1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 100 . 00

Total Monetary \$      ,      , 200 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 27 . 05

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 27 . 05

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      , 200 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 27 . 05

### (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 Joe Brown (2) I.D. Number 618

(3) Cover Period 1/1/2023 through 1/31/2023 (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	Amendment	Amount
1/23/2023 / /	Brown, Joe A P O Box 1192 Lynn Haven, FL 32444	S	retired	LO			\$100.00
1							
1/27/2023 / /	Kelley, Walter T 333 Moore Drive Lynn Haven, FL 32444	I	retired	CH			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joe Brown

(2) I.D. Number 618

(3) Cover Period 1/1/2023 through 1/31/2023

(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					
1/27/2023 //	IHOP, 1101 East 23rd St Panama City, FL 32405	campaign strategy meeting	MO		\$27.05
1					
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//					
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