

## 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**  
 [1293056]

Submitted on:  
 2/16/2023 17:29:24 (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 2 / 1 / 2023 To 2 / 10 / 2023 Report Type: M60D

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 0 . 00

Loans \$      ,      , 335 . 00

Total Monetary \$      ,      , 335 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 149 . 52

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 149 . 52

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      , 535 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 176 . 57

### (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 2/1/2023 through 2/10/2023 (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
2/8/2023 / /	Brown, Joe A P O Box 1192 Lynn Haven, FL 32444	S	retired	LO			\$335.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joe Brown

(2) I.D. Number 618

(3) Cover Period 2/1/2023 through 2/10/2023

(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					
2/7/2023 //	City of Lynn Haven, 817 Ohio Avenue Lynn Haven, FL 32444	qualifying fee	MO		\$149.52
1					
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