	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	TOMI S. BROWN	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	***Protected Address***	Submitted on:						
	Address (number and street) LAKE CITY, FL 32025	1/2/2024 16:02:19 (eastern)						
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 1288						
(4)	Check appropriate box(es):							
(-,	☐ Candidate Office Sought: SUPERVISOR OF ELECTIONS							
	Political Committee (PC)	_						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove		12 / 31 / 2023 Report Type: Q4						
		ecial Election Report						
		T						
(6)	Contributions This Report	(7) Expenditures This Report						
Cool	h & Checks \$, , 0 . 00	Monetary Expenditures \$, , 193 . 24						
Casi	h & Checks \$, , 0 . 00	Expenditures \$, , <u>193</u> . <u>24</u>						
Loar	ns \$, <u>250</u> . <u>00</u>	Transfers to						
		Office Account \$, , 0 . 00						
Tota	Il Monetary \$, , <u>250</u> . <u>00</u>							
		Total Monetary \$, , <u>193</u> . <u>24</u>						
In-Ki	ind \$,,,000							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>250</u> . <u>00</u>	\$,, <u>193</u> . <u>24</u>						
		U6 Al > -						
	(11) Cert It is a first degree misdemeanor for any perso							
١c	certify that I have examined this report and it is true, corre	rect. and complete:						
	ype name) Individual (only for IE Treasurer Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)							
х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	TOMI S. BROWN			2) I.D. Numbe	er1	288	
	10/1/2023		12/31/2023				
(3) Cover Perio	od / /	through	11	(4) Pag	e	of _1	
VII.050 998							
(5)	(7)	(8)	(9)	(10)	(11)	(12)	
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contributor	Contribution	In-kind			
Number	City, State, Zip Code	Type Occupa		Description	Amendment	Amount	
10/20/2023	BROWN, TOMI S ***Protected Voter***	S soe	LO	n/a		\$250.0	
1							
1 1							
1 1							
1 1							
1 1							
J I							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TOMI	s.	BROWN	1					_ (2) I.D. Nun	nber	1	L288	-
	1	10/1/2	023		12/33	1/202	13		~ ~				
(3) Cover Period	ď	1	1	through	1		1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
11/7/2023	OFFICE MAX, 2434 w us hwy 90 LAKE, FL 32055	petitions forms	МО		\$88.69	
11/7/2023	OFFICE MAX, 2324 W US HIGHWAY 90 LAKE , FL 32055	petition forms	MO		\$33.06	
11/20/2023	OFFICE MAX, 2324 W US HIGHWAY 90 LAKE , FL 32055	petition forms	МО		\$24.99	
11/24/2023	ELECTIONS OFFICE, 971 West Duval St., Suite 102 Lake City, FL 32055	petition verify	МО		\$46.50	
//						
//						
//						
//						