

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Audrey Moran
Name
 (2) P.O. Box 47735
Address (number and street)
Jacksonville, FL 32247
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1029216]
 Submitted on:
 6/8/2011 18:20:42 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 195

(4) **Check appropriate box(es):**
 Candidate (office sought): Mayor
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2011 To 2/11/2011 / Report Type F1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ -500.00
 Loans \$ 0.00
 Total Monetary \$ -500.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ -500.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ -500.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 660,210.52

(10) TOTAL Monetary Expenditures To Date
 \$ 557,571.63

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Audrey Moran (2) I.D. Number 195

1/1/2011 through 2/11/2011

(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		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
2/11/2011 / /	Blue Water Dreams Inc, 1209 Beach Avenue Atlantic Beach, FL 32233	B	boating	CH		Delete	\$500.00
1							
2/11/2011 / /	Blue Water Dreams Inc, 1209 Beach Avenue Atlantic Beach, FL 32233	B	delete contrib	CH		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Audrey Moran

(2) I.D. Number 195

(3) Cover Period 1/1/2011 through 2/11/2011

(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					
1/28/2011 //	Merrick, Dorothy 400 E Bay Street Suite 406 Jacksonville, FL 32202	ck #1152 refund	MO	Delete	\$30.00
1					
1/28/2011 //	Merrick, Dorothy 400 E Bay Street Suite 406 Jacksonville, FL 32202	amend exp type ck #1152 refund	RE	Add	\$30.00
2					
1/28/2011 //	Serwatka, Thomas 1431 Riverplace Blvd #1209 Jacksonville, FL 32207	ck #1154 refund	MO	Delete	\$473.42
3					
1/28/2011 //	Serwatka, Thomas 1431 Riverplace Blvd #1209 Jacksonville, FL 32207	amend exp type ck #1154 refund	RE	Add	\$473.42
4					
1/6/2011 //	Blue Water Dreams, 1209 Beach Avenue Atlantic Beach, Fl 32233	bounced check	MO	Delete	\$500.00
5					
1/6/2011 //	Blue Water Dreams, 1209 Beach Avenue Atlantic Beach, Fl 32233	delete expense for bounced check removed	MO	Add	\$0.00
6					
1/28/2011 //	Kerwin, Tamatha 7899 Turnstone Circle W Jacksonville, FL 32256	ck #1153 reimburse	MO	Delete	\$100.00
7					
1/28/2011 //	Kerwin, Tamatha 7899 Turnstone Circle W Jacksonville, FL 32256	amend exp type #1153 refund of excess voided 06 08 2011	RE	Add	\$100.00
8					