

**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
 [1029217]
 Submitted on:
 6/8/2011 18:21:48 (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 1/1/2010 To 3/31/2010 / Report Type Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

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

(7) EXPENDITURES THIS REPORT

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

(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.)

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| <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

1/1/2010 through 3/31/2010

(3) Cover Period / / through / / (4) Page 1 of 0

| (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 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Audrey Moran

(2) I.D. Number 195

(3) Cover Period 1/1/2010 through 3/31/2010

(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 | | | | | |
| 3/6/2010 // | Baker, Julie 3569 Hedrick Street Jacksonville, Fl 32205 | refund of excess contribution | MO | Delete | \$90.00 |
| 1 | | | | | |
| 3/6/2010 // | Baker, Julie 3569 Hedrick Street Jacksonville, Fl 32205 | amend exp type refund of excess contribution | RE | Add | \$90.00 |
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