

**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
 [1025468]
 Submitted on:
 11/3/2010 16:43:10 (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 7/1/2010 To 9/30/2010 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 377,644.73

(10) TOTAL Monetary Expenditures To Date
 \$ 56,819.63

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

(1) Name Audrey Moran (2) I.D. Number 195
 7/1/2010 through 9/30/2010
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
9/30/2010 / /	Spence, Jeff 1849 Mallory St Jacksonville, FL 32206	I president- lena farms	CH		Delete	\$500.00
1						
9/30/2010 / /	Lena Farms Inc, 1849 Mallory St Jacksonville, FL 32206	B hay farm	CH		Add	\$500.00
2						
9/22/2010 / /	Prevatte, C V 3238 Merrill Blvd Jacksonville Beach, FL 32250	I		CH	Delete	\$50.00
3						
9/22/2010 / /	Prevatte, C V 3238 Merrill Blvd Jacksonville Beach, FL 32250	I add occupation : retired	CH		Add	\$50.00
4						
9/30/2010 / /	Cavanagh, Heather 3613 Boone Park Ave Jacksonville, FL 32205	I		CH	Delete	\$100.00
5						
9/30/2010 / /	Cavanagh, Heather 3613 Boone Park Ave Jacksonville, FL 32205	I add occupation :program mgr	CH		Add	\$100.00
6						
9/4/2010 / /	Mulrain, Joanelle 1416 Pinetree Road Jacksonville, Fl 32207	I		CH	Delete	\$100.00
7						
9/4/2010 / /	Mulrain, Joanelle 1416 Pinetree Road Jacksonville, Fl 32207	I add occupation : consultant	CH		Add	\$100.00
8						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Audrey Moran **(2) I.D. Number** 195
(3) Cover Period 7/1/2010 through 9/30/2010 **(4) Page** 2 of 2

(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
9/29/2010 / /	Heymann, Jon 12212 Dividing Oaks Trail West Jacksonville, FL 32223	I		CH	Delete	\$99.00
9						
9/29/2010 / /	Heymann, Jon 12212 Dividing Oaks Trail West Jacksonville, FL 32223	I	add occupation: executive	CH	Add	\$99.00
10						
9/5/2010 / /	Lawler, Russell 1787 Providence Hollow Ln Jacksonville, Fl 32223	I		CH	Delete	\$100.00
11						
9/5/2010 / /	Lawler, Russell 1787 Providence Hollow Ln Jacksonville, Fl 32223	I	add occupation: pharmacist	CH	Add	\$100.00
12						
9/30/2010 / /	Bowers, Wiatt F 303 E Church Street Jacksonville, FL 32202	I		CH	Delete	\$50.00
13						
9/30/2010 / /	Bowers, Wiatt F 303 E Church Street Jacksonville, FL 32202	I	add occupation: project mgr	CH	Add	\$50.00
14						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Audrey Moran

(2) I.D. Number 195

(3) Cover Period 7/1/2010 through 9/30/2010

(4) Page 1 of 0

(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					
/ /					
/ /					
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