

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

(1) Alvin Brown
Name
(2) 2330 Oak Street
Address (number and street)
Jacksonville, FL 32204
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1055430]
Submitted on:
7/11/2013 10:24:00 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 554

(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
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2013 To 6/30/2013 / Report Type Q2
 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
 \$ 259,485.00

(10) TOTAL Monetary Expenditures To Date
 \$ 13,707.82

(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 EXPENDITURES

(1) Name Alvin Brown

(2) I.D. Number 554

(3) Cover Period 4/1/2013 through 6/30/2013

(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					
6/30/2013 / /	Pease, Gregory 4239 Ortega Place 2 14 North Hogan Street, Room Jacksonville, FL 32210	refund of contribution	MO	Delete	\$500.00
1					
6/30/2013 / /	Pease, Gregory 4239 Ortega Place 2 14 North Hogan Street, Room Jacksonville, FL 32210	refund of contribution	MO	Add	\$0.00
2					
/ /					
/ /					
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