

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tracie N. Davis  
 Name

(2) 221 N. Hogan Street  
 Address (number and street)  
Jacksonville, FL 32202  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1060347]

Submitted on:  
 3/8/2014 23:49:21 (eastern)

Check here if address has changed (3) ID Number: 588

(4) Check appropriate box(es):

Candidate Office Sought: Supervisor of Elections

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 2 / 1 / 2014 To 2 / 28 / 2014 Report Type: M2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 515 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 515 . 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**  
 \$      ,   6   , 815 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 311 . 47

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tracie N. Davis (2) I.D. Number 588  
 (3) Cover Period 2/1/2014 through 2/28/2014 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
2/24/2014 / /	Britt, Karen 4330 Marsh Hawk Dr. Jacksonville, FL 32218	I	supervisor	CH			\$100.00
1							
2/24/2014 / /	Neal, Aliscia P 7638 Jana Lane South Jacksonville, FL 32210	I		CH			\$25.00
2							
2/24/2014 / /	Fullwood, Reginald 1111 Fairfax St Jacksonville, FL 32209	I	developer	CH			\$250.00
3							
2/24/2014 / /	Insurance Portfolio Managers, 9060 Craven Road Jacksonville, FL 32257	B		CH			\$100.00
4							
2/26/2014 / /	Ford, Verna W 12772 Black Angus Dr Jacksonville, FL 32226	I	funeral director	CH			\$500.00
5							
2/28/2014 / /	Koechlin, Mary Beth 276 Ocean Blvd. Atlantic Beach, FL 32233	I		CH			\$50.00
6							
2/26/2014 / /	Robert Davis Construction, Inc, 731 Duval Station Rd, Ste 107-103 Jacksonville, FL 32218	B	constructio n company	CH			\$100.00
7							
2/25/2014 / /	Perry, Sylvia P.O.Box 2182 Jacksonville, FL 32203	I	business owner	CH			\$200.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tracie N. Davis (2) I.D. Number 588  
 2/1/2014 through 2/28/2014  
 (3) Cover Period      /      /      through      /      /      (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
(6) Sequence Number							
2/21/2014 / /	Speights, Stephanie L 3607 Jacob Lois Dr Jacksonville, FL 32218	I		CA			\$40.00
9							
2/21/2014 / /	Brown, Barry B 13889 Softwind Trail North Jacksonville, FL 32224	I	police officer	CH			\$100.00
10							
2/23/2014 / /	Sweet, Dwaine 1915 Ribault Scenic Dr. Jacksonville, FL 32208	I		CH			\$50.00
11							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Tracie N. Davis

(2) I.D. Number 588

(3) Cover Period 2/1/2014 through 2/28/2014

(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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