CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Niki Brunson	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	736 A. Philip Randolph Blvd.	Submitted on:							
	Address (number and street)	6/22/2015 18:48:45 (eastern)							
	Jacksonville, FL 32202  City, State, Zip Code								
		(A) ID N I							
	Check here if address has changed	(3) ID Number: 671							
(4)	Check appropriate box(es):								
	Candidate Office Sought: City Council	District 7							
	☐ 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	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Repor	t Identifiers							
Cove	er Period: From 3 / 20 / 2015 To	0 6 / 22 / 2015 Report Type: TRF							
× o	riginal Amendment Sp	pecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$ , , 0 . <u>00</u>	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , , 0 . <u>00</u>	Total Monetary \$,1 , 395 . 42							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$, <u>,0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, _ 4 , _11500_	\$,3_, 639. 95							
(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) (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
OI.	ological definition of the state of the stat								
X		<u>X</u>							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Niki Brunson				2) I.D. Numbe	er <u>6</u>	71
	3/20/2015 od///		6	/22/2015 / /	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Oily, State, 219 Code	Туре	Occupation	Туре	Description		Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Niki	Niki Brunson						 (2) I.D. Nun	(	671		
	3/2	0/2	015		6/22/2	015					
(3) Cover Period		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/20/2015	Brunson, Niki 318 West 11th Street	repay loan from	MO		\$1,395.42
1	Jacksonville, FL 32206	candidate			
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DS-DE 14 (Rev.	44(40.1)				