CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Katrina Brown	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	9539 Carbondale Dr. E.	Submitted on:							
	Address (number and street)	2/1/2019 23:32:21 (eastern)							
	Jacksonville, FL 32208	2,1,202, 20 02 22 (00200211,							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:830							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: City Council	District 8							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	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) Report	Identifiers							
Cove	er Period: From 1 / 12 / 2019 To	1 / 25 / 2019 Report Type: F2							
<b>⊠</b> o		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(0)	Contributions Time Report	Monetary							
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 100 . 00							
Ouoi	7 d 61166116	· , ,							
Loar	ns \$,,, _000	Transfers to							
		Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00								
		Total Monetary \$ , , 100 . 00							
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							
	\$, 8, 200.00	\$, <u>3</u> , <u>078</u> . <u>16</u>							
(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:									
_(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Katrina Brown				2) I.D. Numbe	<b>r</b> 8	30
	1/12/2019		1	/25/2019			
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Page	e <u>1</u>	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	1. Notice and the Not	•
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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I = I							
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7							
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1 1							

DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Kat	rina I	Brown	l				(2) I.D. Num	ber	8	330	an an
	1/	12/2	019		1/25/20	019		-			
(3) Cover Perio	od	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
1/16/2019	MLK. Foundation Parade, 101 E Union Street # 100 Jacksonville, Fl 32202	parade fee	МО		\$100.00
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11					
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3					
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DS-DE 14 (Rev.	44(40.1)				