CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Kamren Stowers	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	1440 Edgewood Avenue West; #9351	[1292880]						
	Address (number and street)	Submitted on: 2/13/2023 16:23:50 (eastern)						
	Jacksonville, FL 32208							
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number:1105						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: City Council	District 9						
	Political Committee (PC)	□ ol - l l '' po - 500 l l' l l - l						
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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 $\frac{1}{1}$ / $\frac{14}{2023}$ To							
	Priginal 🖾 Amendment 🔲 Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$, , , 000	Monetary						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to						
	Φ 0.00	Office Account \$, , 0 . 00						
Tota	l Monetary \$, ,000	TILIN						
	•	Total Monetary \$, , <u>400</u> . <u>00</u>						
In-Ki	ind \$,, <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, 955. 50	\$, <u>7</u> , <u>489 . 22</u>						
		tification						
	It is a first degree misdemeanor for any pers							
Ιc	certify that I have examined this report and it is true, corr	ect, and complete:						
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kamren Stowers				2) I.D. Numbe	er <u>1</u>	105
	1/14/2023 od///		1	/27/2023	(A) Pag	1	of ⁰
(5) Cover Ferro	Ju		Jugn		(4) Fay		01
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
				5-3-1/2	341		
J I							
1							
1							
, ,							
es es							
1 1							
1							
1 1							
, ,							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _K	Kamren	Stower	îs.				 (2) I.D. Nun	nber	-	L105	
		1/14/2	023		1/27/20)23		-			
(3) Cover Po	eriod	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
1/20/2023	DB Canvasers, PO BOX 28367 Jacksonville, FL 32226	canvasers	MO	Add	\$400.00
1					
//					
//					
//					
//					
//					
//					
//					
DC DE 44 (Dov					