

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Audrey Gibson
 Name
 (2) P.O. Box 77355
 Address (number and street)
Jacksonville, FL 32226
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1297690]
 Submitted on:
 6/29/2023 21:39:02 (eastern)

Check here if address has changed

(3) ID Number: 1157

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 14 / 2023 To 1 / 27 / 2023 Report Type: F2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 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

\$, 39 , 576 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 39 , 458 . 34

(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 Audrey Gibson (2) I.D. Number 1157

1/14/2023 through 1/27/2023

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Audrey Gibson

(2) I.D. Number 1157

(3) Cover Period 1/14/2023 through 1/27/2023

(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					
1/26/2023 / /	Schockley, Lisa 5753 Fishing Pen Creek Ct #1 Jacksonville, FL 32244	reimbursement (phone minutes)	MO	Delete	\$80.00
1					
1/26/2023 / /	Schockley, Lisa 5753 Fishing Pen Creek Ct #1 Jacksonville, FL 32244	reimbursement (phone minutes)	MO	Add	\$80.00
2					
1/26/2023 / /	Schockley, Lisa 5753 Fishing Pen Creek Ct #1 Jacksonville, FL 32244	reimbursement (phone minutes)	MO	Delete	\$80.00
3					
1/26/2023 / /	Schockley, Lisa 5753 Fishing Pen Creek Ct #1 Jacksonville, FL 32244	reimbursement (phone minutes)	MO	Add	\$80.00
4					
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