

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marion K. Brown  
 Name  
 (2) 1817 NW 41 Street  
 Address (number and street)  
Miami, FL 33142  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1305161]

Submitted on:  
 4/7/2024 22:40:34 (eastern)

Check here if address has changed

(3) ID Number: 2673

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 03
- 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 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: 24Q1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 50 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 50 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 381 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 381 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 2 , 545 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 484 . 82

### (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 EXPENDITURES**

(1) Name Marion K. Brown

(2) I.D. Number 2673

(3) Cover Period 1/1/2024 through 3/31/2024

(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					
1/29/2024 //	Goldman, Rachel P.O. Box 681415 Miami, FL 33168	cash withdrawn to reimburse for campaign	RE		\$360.00
1					
1/31/2024 //	Regions Bank, 6013 NW 7TH AVENUE MIAMI, FL 33127	monthly bank fee	MO		\$7.00
2					
2/29/2024 //	Regions Bank, 6013 NW 7TH AVENUE MIAMI, FL 33127	monthly bank fee	MO		\$7.00
3					
3/29/2024 //	Regions Bank, 6013 NW 7TH AVENUE MIAMI, FL 33127	monthly bank fee	MO		\$7.00
4					
//					
//					
//					
//					