

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karen Brill
 Name

(2) 6901 Okeechobee Boulevard
 Address (number and street)
West Palm Beach, FL 33411
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1200192]

Submitted on:
 2/20/2020 16:13:34 (eastern)

Check here if address has changed

(3) ID Number: 332

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, Dist. 5
- 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 / 2020 To 1 / 31 / 2020 Report Type: M1

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

\$, 106 , 083 . 30

(10) TOTAL Monetary Expenditures To Date

\$, 11 , 985 . 68

(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 Karen Brill (2) I.D. Number 332

(3) Cover Period 1/1/2020 through 1/31/2020 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karen Brill

(2) I.D. Number 332

(3) Cover Period 1/1/2020 through 1/31/2020

(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					
1/2/2020 / /	Demarest , Diana H. 18849 W Sycamore Dr. Loxahatchee, FL 334700000	reimbursement	MO	Delete	\$139.27
1					
1/2/2020 / /	Demarest , Diana H. 18849 W Sycamore Dr. Loxahatchee, FL 334700000	reimbursement	RM	Add	\$139.27
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					