

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeffrey Brower  
 Name  
 (2) 310 Dawson Brown Rd  
 Address (number and street)  
Deleon Springs, Fl 32130  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1166475]  
 Submitted on:  
 8/10/2018 08:22:48 (eastern)

Check here if address has changed (3) ID Number: 401

(4) Check appropriate box(es):  
 Candidate Office Sought: County Council Member, District 1  
 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 7 / 28 / 2018 To 8 / 3 / 2018 Report Type: P5  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 200 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 200 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 21 . 54  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 21 . 54

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 22 , 449 . 17

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 14 , 984 . 75

### (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 Jeffrey Brower (2) I.D. Number 401

7/28/2018 through 8/3/2018

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

| (5)<br>Date         | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type    Occupation |        | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------|--|--|--------|-----------------------------|--------------------------------|-------------------|----------------|
| 7/28/2018<br>/    / | Pernicone, Meira<br>5922 Tarawood Dr.<br>Orlando, FL 32819                                     | I  | doctor | CH                          |                                |                   | \$200.00       |
| 1                   |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |
| /    /              |  |  |        |                             |                                |                   |                |

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

(1) Name Jeffrey Brower

(2) I.D. Number 401

(3) Cover Period 7/28/2018 through 8/3/2018

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 7/28/2018<br>/ /          | Paypal, Paypal<br>2211 North First St.<br>San Jose, CL 95131                                   | pernicone<br>credit card fee   | MO                         |                   | \$6.10         |
| 1                         |  |  |                            |                   |                |
| 7/31/2018<br>/ /          | Lowes Home Centers, LLC,<br>303 E International Speedway<br>Deland, FL 32724                   | lumber for<br>campaign signs   | MO                         |                   | \$15.44        |
| 2                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |