CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Jeff Brower	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	310 Dawson Brown Rd.	Submitted on:								
	Address (number and street)	2/15/2021 11:11:46 (eastern)								
	Deleon Springs, FL 32130									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:608								
(4)	Check appropriate box(es):									
	Candidate Office Sought: County Chair									
	Political Committee (PC)	☐ Check here if PC or ECO has disbanded								
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ 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		10 / 29 / 2020 Report Type: G6								
Пο		ecial Election Report								
		<u> </u>								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Monetary								
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00								
Total Monetary \$, , <u>100</u> . <u>00</u>		Total Monetary \$, , 0 . 00								
In-Kind \$, , 0.00		, , , , , , , , , , , , , , , , , , , ,								
		(8) Other Distributions								
		\$,,000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, 108 , 543 . 71	\$, <u>109</u> , <u>959</u> . <u>45</u>								
		tification								
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:										
_(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		x								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jeff Brower				(2) I.D. Number		
	10/17/2020 iod///		1	0/29/2020	(4) Pag	ge <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
10/18/2020	Robbins, Rena I 2415 N. Halifax Ave. Daytona Beach, FL 32118		physician	СН		Delete	\$500.0
10/18/2020	Robbins, Rena I 2415 N. Halifax Ave. Daytona Beach, FL 32118	I	physician	СН		Add	\$600.0
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1 1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeff	Brower				egendação aar les courses	(2) I.D. Numbe	Fi	608
	10/1	7/2020	0	10/29	/2020		-	
(3) Cover Period			through			(4) Page <u>1</u>	of	0

(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
11					
//					
//					
11					
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11					
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DS-DE 14 (Rev.	11/13 \	-			